

# AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXIV. } NEW SERIES. NEW YORK: SATURDAY, DECEMBER 15, 1860. \$3 per Annum.  
VOL. I. } Single Numbers 10 Cents.

Page	Page	Page	Page
<b>ORIGINAL LECTURES.</b>	<b>CLINICAL RECORD:</b>	<b>L'Appareil séminal de l'Homme,</b>	<b>REPORTS OF SOCIETIES.</b>
Lectures on Stricture of the Urethra, preliminary to the Clinical Course on Disease of the Genito-Urinary Organs. Delivered at the University Medical College. By W. H. Van Buren, M.D., Professor of Anatomy, etc. Lecture V. . . . . 415	University Medical College.— Prof. A. C. Post's Clinic. . . . . 422	par Ernest Godard . . . . . 426	<b>NEW YORK PATHOLOGICAL SOCIETY:</b> Stated Meeting, Oct. 24, 1860. E. Krackowizer, M.D., President, in the Chair. . . . . 429
<b>ORIGINAL COMMUNICATIONS.</b>	<b>EDITORIAL ARTICLES.</b>	<b>Compendium of Human Histology.</b> By C. Morel, Professor Agrégé à la Faculté de Médecine de Strasbourg. Illustrated by twenty-eight plates. Translated and edited by W. H. Van Buren, M.D., Prof. of General and Descriptive Anatomy in the University of New York. . . . . 426	<b>CORRESPONDENCE.</b>
Hygiene of the Sewing Machine. (Read before the Academy of Medicine, Nov. 21, 1860.) By A. K. Gardner, M.D., Prof. of Clinical Midwifery and Diseases of Females, in the New York Medical College. . . . . 420	<b>Health Laws.</b> . . . . . 428	<b>PHYSICIAN'S DIARY:</b>	Domestic Correspondence—Silver Suture.—Chlorate of Potash in Phthisis.—Varicose Veins . . . . . 430
	<b>THE WEEK:</b>	I. Records of Daily Practice: A Scientific Visiting List for Physicians and Surgeons . . . . . 427	Foreign Correspondence:—Edinburgh . . . . . 431
	Changes in Hospitals of the Almshouse Department . . . . . 424	II. The Physician's Visiting List. Diary and Book of Engagements, for 1861 . . . . . 427	<b>MEDICAL NEWS.</b>
	Boards of Health in Towns . . . . . 425	III. The Physician's Diary for 1861 . . . . . 427	PERSONAL . . . . . 432
	The case of Mrs. Frisch . . . . . 425	IV. The Physician's Handbook of Practice, for 1861. By William Elmer, M.D., New York . . . . . 427	COMMUNICATIONS RECEIVED . . . . . 432
	<b>REVIEWS.</b>	<b>PROGRESS OF MEDICAL SCIENCE.</b>	METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK . . . . . 432
	Introduction to Structural and Systematic Botany, and Vegetable Physiology, being a fifth and revised edition of the Botanical Text-Book, illustrated with over thirteen hundred woodcuts. By Asa Gray, M.D., Fisher Prof. of Natural History in Harvard University . . . . . 426	Practical Surgery . . . . . 425	MEDICAL DIARY OF THE WEEK . . . . . 432
	Bed-Case. By Walter Channing, M.D., Boston . . . . . 426		SPECIAL NOTICES . . . . . 432
	Recherches Tératologiques, sur		

The Next Volume of the AMERICAN MEDICAL TIMES will commence on the 5th of January, 1861, and will contain

**LECTURES ON DIPHTHERIA,**  
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## LECTURE V.

We have in the next place to consider the *curative treatment of Stricture of the Urethra*, and to command success here, it is to be clearly understood that purely medical measures are as necessary as surgical manipulations. After attaining a satisfactory diagnosis as to the existence of permanent stricture, their situation, nature, and number, and the condition of the genito-urinary apparatus, the patient's age, previous medical history, habits, and temperament, are to be carefully considered. He should be fully impressed with the serious character of his malady, and informed of the certainty with which it will sooner or later lead to most grave and painful results if not judiciously managed; prudence, docility, and steadiness of purpose in the employment of remedies are especially to be enforced. The neglect of these precautions often leads to disappointment, both to patient and surgeon; and the subjects of this disease, especially if young, are notoriously imprudent and reckless of consequences, until they have acquired for themselves experience often too dearly bought. Remedies addressed to the general health, if required, the correction of improper habits, regular and proper diet, avoidance of alcoholic stimulants, and of exposure to cold and wet, the use of warm clothing, and the administration of diluent and alkaline drinks, constitute some of the medical measures most generally indicated before commencing the surgical treatment of stricture. The surgical remedies employed for the cure of the disease, may all be included under one of the three following heads, viz. 1. Dilatation; 2. Caustics; 3. Incision.

The treatment of stricture by the process of *dilatation*, is applicable to by far the largest proportion of cases encountered in practice, and especially to those which are taken in hand early, before the disease has reached its advanced stages. The instruments to be employed are silver catheters, steel sounds, and catheters and bougies of flexible material, such as have been already described when we were studying the diagnosis of stricture. The mode in which these instruments effect the cure of stricture is twofold; in the first place, by simple mechanical dilatation of the contracted portion of the urethra; and, in the second place, by causing absorption, by their contact, of the exudation in and around the walls of the canal, by which its calibre is diminished. The mode of conducting the cure of stricture by the process of simple dilatation, in a case in which an instrument can be carried through the stricture into the bladder, is as follows: If the stricture will not admit a steel sound of the size No. 4 of the scale in ordinary use, or a larger one, then a *flexible* bougie is to be selected of the largest size that can be introduced: if an ordinary blunt-pointed bougie will not pass readily, choose one with a tapering point. For tight strictures the latter is always preferable, inasmuch as it acts like a wedge, and will effect dilatation when engaged in a stricture, even when it will not pass through it, possessing thus an advantage over the blunt-pointed bougie, which, under similar circumstances, acts only upon its face, or, in any case, upon

less of its surface. After being fairly introduced, the instrument should be allowed to remain in contact with the stricture not longer than five minutes. If you should ask me why I specify so short a period, my answer would be that a longer contact of the bougie with the surface of the stricture might cause irritation, or increase existing inflammation, or even give rise to spasm and retention of urine. Inflammation is always present, in a greater or less degree, in every organic stricture, as you already are aware; and the object of this mode of treatment is to modify and remove this inflammation and its consequences, and experience has taught us that longer contact of a foreign body with the surface of a stricture is attended by risk of increasing inflammation, except in a case where familiarity with the temper of the stricture has demonstrated its greater tolerance. I am confident that your progress will be more rapid in the great majority of cases by adopting this rule. On withdrawing the instrument, caution your patient against exposure to cold, and against getting his feet wet.

How soon should the operation be repeated? As a rule I should answer, in *not less than three or four days*. To explain the reason for this opinion, I must call your attention to the phenomena which usually follow the first introduction of a bougie through a stricture. If the patient passes water soon after the withdrawal of the instrument, he is generally gratified by recognising a marked increase in the size of the stream; if, on the contrary, several hours elapse before he attempts to relieve himself, the increase is not so marked. On the next day it will probably be as small as ever, and it is not until the third or fourth day that the full dilating effect of the application of the instrument is apparent; and the stream may go on improving in size to the end of the week, or even longer. Now these phenomena are thus explained: the first effect which follows the passage of the instrument is the result of simple mechanical dilatation of the stricture, and hence the prompt increase in the size of the stream of urine; but some increased turgescence of the altered blood-vessels of its diseased surface always follows the contact and stretching of the stricture by the sound or bougie, no matter how carefully it may have been applied or how soon removed, and this *may* amount to inflammatory swelling—hence the subsequent narrowing of the stream; after a time, longer or shorter according to the amount of local excitement produced by the instrument, this inflammatory turgescence passes away, and actual absorption of exudative deposit follows—which absorption may go on for an indefinite time, say, for example, in a recent stricture, for a week—and it is not until the expiration of this period that the full effect of the operation upon the stream of urine is experienced: after this, recontraction usually ensues. It is obvious, then, that the dilating instrument should not be again employed, until the full effects of its first introduction have been secured—otherwise, by reëxciting inflammatory action, we lose the secondary effect in producing absorption, which only takes place after this has in a degree subsided. Thus you have an illustration of the two-fold action of the mode of cure we are studying: first by mechanical dilatation; second, by the vital process of absorption—and it is upon the latter that we mainly rely for the cure of organic stricture.

It is apparent also why we usually request the patient to evacuate his bladder before passing an instrument—for a longer period of rest is thus secured before the urine is brought into contact with the recently excited surface of the stricture, and one source of inflammation avoided; and it is also explained why the use of diluents and alkalis by the patient, by rendering his urine more dilute and less irritating, facilitates the cure of the disease.

It is a good rule therefore to repeat the introduction of the bougie or sound, as soon as all irritation caused by the previous introduction shall have disappeared, and not until after the stream of urine has ceased to improve in size. If the amendment is obvious, make use of an instrument one size larger than the one first employed; otherwise introduce the first instrument and withdrawing it at once, follow with

the next size—leaving it in the stricture the usual time. This process is to be repeated, with the precaution, and at the intervals thus indicated, until the largest sized steel sound has been reached which the orifice of the urethra will admit without painful distension. It has even been proposed to enlarge the orifice of the urethra by incising it, in order to carry the dilatation still further, and thus increase the chances of permanent cure; this measure, however, is rarely justifiable.

When this degree of dilatation has been accomplished in a moderately favorable case of stricture, all the symptoms of the disease have usually disappeared, and the question arises—how far is the cure thus attained to be trusted as permanent? All sense of obstruction of the largest sized sound may have disappeared, and all thickening of the urethral wall at the seat of the contraction may have melted away under the influence of absorption, and yet, as the altered surface of the mucous membrane does not possess the power of covering itself with a healthy and normal epithelium, the action upon it of the urine, in the vast majority of cases, soon rekindles morbid action, and contraction slowly, but surely, reappears—after discontinuing the use of the sound at stated intervals. It is absolutely necessary therefore that the use of an instrument should be continued indefinitely; the intervals of its application may be elongated, closely watching for the reappearance of the first untoward symptom, at first from a week to a fortnight, and perhaps to a month—but beyond this it is rarely safe to go. You may ask—and must the patient continue the use of the instrument for the remainder of his life? These are the only terms on which immunity against return of the disease can be certainly guaranteed. It is my habit to teach the patient to introduce an instrument for himself, so that he is thus rendered more independent of surgical aid; and this practice I would recommend for intelligent and docile individuals. It happens occasionally that a patient who has been thus drilled falls into neglect of himself, and his stricture nevertheless does not thereby return—in other words, he is permanently cured; such cases are rare and exceptional—only serving to prove the existence of the rule I have laid down.

In a case of stricture, usually of some duration, the successful progress of its cure by dilatation may be arrested—by causes not easy to explain; the exudation may have become too permanently organized, or its degree of induration too considerable to yield, beyond a certain degree, to the treatment just described. The patient may not be able to give the requisite amount of time, or his stricture may be so sensitive, or irritable, as to render the process of systematic dilatation unbearably painful. In such a case, where there is no disease of bladder or kidneys, it is competent, after due preparation of the patient, to introduce a catheter of the largest size that his stricture will admit, and, confining it in its position by means of an adhesive plaster, or tape, and a split T-bandage, to leave it in the urethra for a period of 36 or 48 hours. The patient should be confined to bed, on his back, with pillows behind his knees to keep the thighs semi-flexed, and an appropriate cradle or frame so placed as to prevent the contact of the bed-clothes with the end of the instrument. This should be fitted with a plug of soft wood to secure the periodical discharge of the urine, or a tube of india-rubber should be attached to it for the purpose of conducting the urine into a convenient receptacle. In case of pain or much irritability, an anodyne suppository may be introduced into the rectum; if excessive pain or fever should follow, the instrument must be promptly removed. This however rarely occurs, but on the contrary, at the end of the time specified, the catheter, which was at first tightly grasped by the stricture, begins to move loosely in the urethra, a moderate amount of suppuration makes its appearance, and it may generally be removed and replaced by an instrument several sizes larger. At the expiration of another day this should be taken out, a warm hip-bath administered, and the patient allowed to rest for a day or two, in bed, without the catheter; at the

end of which time, if everything goes well, the same process is to be repeated with a large instrument as the stricture will admit. By this process, in the course of ten days a properly selected case of stricture may be safely and fully dilated. I prefer, usually, a flexible catheter, for this purpose, to one of silver, as it causes less uneasiness to the patient, and is not likely to produce ulceration by its unyielding pressure; the end of the catheter which is lodged in the bladder should project not more than an inch into its cavity, lest by contact with its wall on the opposite side, pain or even ulceration might be occasioned. The catheter should not be allowed to remain in the urethra longer than the period specified, as its eyes are liable to become obstructed, its extremity may become encrusted with phosphatic deposit, or an amount of inflammation may be excited in the urethral walls sufficient to give rise to subsequent thickening and induration. This mode of cure was originally styled by Dupuytren "*vital dilatation*," a term which is not distinctive, inasmuch as the absorption produced by the method first described is undeniably also a vital process. It effects absorption more rapidly, in consequence of the prolonged pressure to which the stricture is subjected, and the moderate amount of suppurative inflammation excited in it. In cases of stricture in which there is great liability to attacks of retention of urine, and which are complicated by false passages, which cause delay and uncertainty in the introduction of instruments for the purpose of gradual dilatation, this mode of treatment is advantageously adopted. It leads to prompt and successful results, and if applied to judiciously selected cases, and managed with caution, is moderately safe and sure.

## COURSE OF LECTURES

ON

## DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL  
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

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### LECTURE II.

ALTHOUGH the earliest development of teeth is of considerable importance, I shall not dwell upon it longer than is necessary to a simple elucidation of the process. A knowledge of the origin of the teeth, and their first development, is, however, required in order to understand the manner of their final protrusion through the gums. The rudiments of the teeth are observed as early as the sixth week of foetal life, when the embryo weighs but fifteen grains, and is little more than half an inch in length. A deep groove first appears lined with mucous membrane, within the external alveolar margin of the upper maxillary bone. It has been named, by Goodsir, the primitive dental groove. According to the concise description of the anatomical researches on the formation of teeth, given by Harrison, the germ of the anterior deciduous molar tooth is formed first, appearing as a small papilla on the floor of the primitive dental groove; next the germs of the canine teeth are formed in the same manner; and about the tenth week of foetal life those of the incisors, and lastly those of the posterior deciduous molar teeth. This *papillary* stage is followed by the *follicular* and *saccular*, from the fourth or fifth months of foetal life upwards. Delicate processes extend from the sides of the primitive dental grooves over each papilla, and by meeting before and behind it, inclose it in an open follicle. About this time the papillae begin to change their form, and to assume that of the future teeth. The follicles become closed by membranous processes extending over the margins, and form sacs which continue from the fifth month of foetal life to the period of the eruption of the teeth at different periods after birth.

The osseous development of the teeth commences at this period. Without any preceding formation of cartilaginous substance we discover an osseous deposit on the dental pulp, which increasing in size from the surface of the sac, augments its volume from day to day. The dental pulp, wherever it is covered with this osseous layer, has a reddish tinge, more so than its other parts. The deposition of osseous matter on the dental pulp commences either from its surface, or from the contents of the sac, probably from either; the half-liquid contents of the sac continually increasing their percentage of phosphate of lime. When the ivory shell is formed in the dental sac, the interior of its parietal layer has a villous and vascular appearance, like mucous membrane, with a thin layer of granular matter upon it, which may be considered as a sort of epithelium lining the interior of the original follicles. This surface is the matrix of the enamel; it is impossible for this substance to be produced by or from the original pulp, or from its blood-vessels, as the latter has been enveloped in the ivory shell. The enamel appears first in minute crystalline, calcareous particles. It is not very hard, nor thick at first, but solidifies gradually and adheres closely to the ivory, from which it is separated by a thin membrane, like that which is separating the ivory from the pulp.

The cement forms a thin coating around the root or fang, and is formed by the lower or alveolar portion of the dental sac, which invests the root and adheres to it. The order of development of the single teeth depends on the general rule of solidification in the fetal body, which begins in the median line and progresses to either side simultaneously. Thus the inner incisors are formed first, and the posterior molar teeth last, with the exception of the canine, which appear later. Further, teeth in the lower jaw will develop earlier, in correspondence with the earlier ossification of the lower jaw in foetal life. A gradual development is also manifest in the number of dental pulps; in the third month of foetal life there are sixteen, in the fourth twenty.

After the teeth have been perfectly formed, ivory, cement, and enamel being deposited, they protrude from the jaw, penetrate the gums, and become visible in the cavity of the mouth, in consequence of the natural law of dental growth. The root of the tooth growing, the crown is propelled against the covering of the alveolar sac and the gums. The slight pressure produced thereby gives rise to gradual absorption of the osseous covering, and after this has disappeared, of the gums. By the continued growth of the root of the tooth, and by the progress in the development of the maxillary bone, the tooth is again propelled until the whole crown is visible.

The crown is the part developed first in the dental sac. With it, there is connected a thin and narrow osseous ring; this root of the tooth is gradually progressing to the depth of the dental cavity. While thus the length of the tooth is increasing downwards, the gums and the surface of the jaws are little changed. But with the progress of ossification, both in tooth and jaw, the later normal organization of the jaw becomes manifest. The dental cavity is lengthened, its osseous wall becoming more extended. But the growth of the tooth being more rapid, it commences pressing against the osseous covering. Resorption takes place, not only of the covering bone, but of its periosteum, of the gums, and finally of the mucous membrane of the mouth. In newborn infants the gums are hard, firm, and solid, so much so that it has long been called, though it is cellular tissue, by the term—dental cartilage. Before the cutting of the teeth it is, as it were, their representative, being the only means of taking a firm hold of the nipple. The gums will sometimes exhibit protuberances and cavities that look very much like teeth, the more so as these prominences are generally pale and of whitish color. The almost cartilaginous consistency of the gums disappears after birth; it gradually becomes soft in the course of a few months; its surface, instead of remaining sharp and pointed, grows blunt and thick, and even exhibits a sort of groove; being rounded only in those few cases in which the gums will be

affected with an inflammatory process. After the gums have obtained their soft and loose consistency, the penetration of the teeth finds naturally less difficulty.

Eichmann reports four hundred observations on dentition, with accurate notices of the time of the eruption of the several groups of teeth. He concludes that teeth do not appear singly, but generally in groups. The period of the protrusion of the several groups is as follows:—

Inferior (middle) incisors betw. the 28th and 32d week.	
Superior " " " " 36th " 40th "	
Anterior molar teeth " " 48th " 54th "	
Canine teeth " " 16th " 18th month.	
First posterior molar teeth " " 22d " 24th "	

At the 27th or 30th month, there are twenty teeth in healthy children.

The following table from Ashburner shows how slight is the difference in the observations of authors.

7th month . . . 2 central lower incisors.
8th " . . . 2 " upper "
9th " . . . 2 lateral lower "
9th to 10th month 2 " upper "
12th " 14th " . . . 4 first molar teeth.
16th " 18th " . . . 2 lower canine teeth.
19th " 20th " . . . 2 upper " "
22d " 30th " . . . 4 last molar "

There is, in fact, but little difference between the two tables, and as a rule you will not find many deviations in healthy children.

The order which teeth generally follow in their appearance is sometimes changed. Thus Fox, in his account of the diseases which affect children during the first dentition, states that the molar teeth have protruded before the lateral incisors. Brunner, also, reports a case in which a molar tooth preceded the other teeth. Lambert found a canine tooth, the only one protruding, in an infant two weeks old, which grew  $1\frac{1}{2}$  inches in two weeks. Raw mentions the case of an infant which had a canine tooth before an incisor, and Baumès reports the same anomaly to have been met with by a friend of his. Such, however, are rare exceptions to the rule, although anomalies of less extraordinary character will be found from time to time. Thus the lateral incisors will precede, sometimes, the central ones; or the incisors will first appear in the upper jaw, thus reversing the usual order, in which the lower is first to exhibit them. So regular, indeed, is the first appearance of teeth in the lower jaw, that children in whom the anomaly referred to occurs, are thought to be short-lived by the common people of some countries. Naumann thinks this belief is based on experience, and is inclined to regard it as a fact; and seeking to harmonize public opinion and science, he ventures to offer the following explanation, viz. the appearance of teeth first in the upper jaw proves a precocious development of the upper jaw, and, consequently, of the whole skull; the brain participates in this premature development, and increased irritation and cerebral symptoms necessarily follow. At a later period, in this course, I shall take occasion to show how much truth there is in this popular belief, by explaining in what manner abnormalities in the cutting of teeth are important, not as causes, but as symptoms, of anomalous development of the cranium in general; and in what manner the brain may be injured and life endangered by such anomalies.

A change in the order of the protrusion of the teeth is not the only anomaly that we meet with, for the time of their first protrusion will sometimes be found to differ much from the average age of their appearance. The first variation of this kind which I will notice, is the appearance of teeth at birth. This singular anomaly has now been observed many times, as the following examples which I have been able to collect, will abundantly prove:

The younger Pliny states that the renowned Marcus Curius, consul of the Roman republic 270 years before our era, had a full set of teeth at birth. This was the reason of his being named, Dentatus. The same author mentions the case of Papyrius, and of a lady, named Valeria, who had all



their teeth at birth. Zoroaster, the Persian legislator, is also reported to have had all his teeth at birth. The old historians, from whom Weinrich took the facts, probably thought he was destined to become the exponent of wisdom and morals, from being so extraordinarily and precociously gifted. Louis XIV. of France, whom some writers call the great, because he lived contemporaneously with some great men of his country, was born with two teeth; as was also his Secretary of State, Cardinal Mazarin. The celebrated Grotius, who then lived in France, prophesied that the royal baby would prove a dangerous character, and that like the nipples of his wet-nurses, bleeding and torn by the voracious infant, the neighboring sovereigns would be the subjects of the depredations and robberies of the future king. Scottus, in his *Physiologia curiosa*, relates, from a report of Nieremberg's, the case of a Spanish dwarf, who had all his teeth when born, and never lost one of them, got a beard in his seventh, and had a son in his tenth year. Old Heister repeats the report of Kauliz, of a child, born with two incisors, which soon turned black; the child grew thin and emaciated, and died with rachitis when a year old. In Büchner's collections there is the case of an infant, twelve days old, who had teeth, and died soon after of a papulous and vesicular eruption, with consecutive desquamation (hereditary syphilis?). Lanzoni reports the case of a newborn infant with two rows of teeth.

We learn from Schurig, that Crausius observed two incisors in the lower jaw of a fetus in the sixth month of utero-gestation. Schenk reports a similar case. It is stated in *Vita Peirescii*, that a woman gave birth to a child with long hair and teeth. Thomas Bartholinus is of the opinion that such congenital teeth are the cause of the vagitus uterinus. Guldenskiöld reports the case of the daughter of Navinius, an officer at Camenz, who was born with two incisors. Helwich has several cases of boys born with teeth in the lower jaw; and Daniel Ludovicus relates the cases of newborn girls, having teeth in either jaw, and injuring their tongues by them. Similar cases have been reported by Johann Rhodius, Gæckel, Mazarinus, Simon Majolus, Alexander Benedictus, Hildanus, Balduinus, and Polydorus Virgilius.

Gensel reports the case of a boy who was born with two incisors. Schlenck, E. von Siebold, J. Ph. Horn, Mercklin, and Storch, have seen the like, without, however, mentioning the sex of the children. Vesti relates the case of his own daughter, who was born with a tooth. Detharding observed a tooth in a fetus of six months; another in an infant three days old; and four teeth in a newborn infant. J. F. Lobstein gives the case of a child born twenty days after the ninth month of utero-gestation, with six incisors. Reveillé-Parise met with four canine teeth in an infant of four weeks, two of which had cut before birth; the development of the other teeth was equally precocious. Meissner saw two incisors in a newborn child, one of which fell out in the course of a few days; in another case the same thing happened, but a second tooth followed soon after, both of which were firmly imbedded in their alveoli and proved to be of the same nature as temporary teeth generally. Two incisors, observed in a newborn infant in the Paris foundling hospital, by Billard, fell out after six weeks. Mende observed two upper incisors in an infant; they were loose and movable, produced pain when touched; the mouth had an oblique direction, and the margins of the maxillæ were connected with each other. Although the teeth were extracted, the infant was unable to suck, and died of trismus on the fourth day after birth. Canton reports the case of a child in the practice of Dr. Tomes, born with two teeth in the lower jaw, by which the breast of the mother, and its own upper jaw, had been injured. On examination he found two sharp, rough incisors, protruding from the centre of the lower jaw. They were ill-shaped, imperfectly coated with enamel, and loose in the gum, and stood across, instead of in a line with the alveolar arch. They were removed, and it was found that the fangs were not more than one-third developed. In fact, the teeth had attained about the

normal amount of development for the age of the child, but had protruded through the gums before they were fitted for eruption. An after-process had been effected before the preparatory one had been completed. A similar case occurred in Canton's own practice. Brown mentions the case of a child born with the central incisors through the gums. They were extracted. Two other children were afterwards born of the same mother, in each of whom the same anomaly was found. All the children were females. The teeth were allowed to remain. Crump and Lethbridge have each observed a case of complete dentition at birth; the case of the former observer occurring in a still-born negro child. The sockets were very imperfectly formed. Baumès, while quoting the cases of congenital teeth observed by Columbus, Van Swieten, Marcellus Donatus, and Antigonus, reports the case of a French lady who bore a girl with two congenital incisors in the upper jaw, followed by two teeth on each side of the former, in the same jaw, three days afterwards. The infant died in convulsions. Richard III., and Mirabeau, the hero of the commencement of the great French revolution, had teeth when they were born. Similar cases are reported by Churchill, Fleming, Denman, while the celebrated Haller collected nineteen. I cannot conclude this long list without adding that Whitehead, the worthy professor and clinical teacher at Manchester, England, removed two teeth from the lower jaw of a newly born infant, in order to facilitate suckling. They were reproduced at the time when the canine teeth were formed, viz. after a year and a half, instead of the usual time of seven or eight months.

In Billard's opinion congenital teeth are not firm, but are liable to get loose, and be lost; but such is not the experience of Meissner and others. The last author is, as a rule, opposed to the advice of Billard, and the practice of Whitehead, of extracting such premature teeth when they prevent suckling. Meissner's opinion is, that no animal is prevented from sucking by the teeth in its mouth—a theory which is good enough for animals, but not for our race. Whitehead's case, in which it was necessary to remove a tooth to enable the mother to nurse the child, the fact that the nipples are very liable to become sore where the teeth are fully developed before weaning, and finally the few cases reported above, in which congenital teeth did not fall out to give place to the real temporary teeth, are valid proofs against such practice, at least in a number of cases.

Congenital teeth have been made the subject of special remarks by Dr. Nessel, professor of dental surgery at the University of Prague. As his opinions differ somewhat from others, I will state them more definitely. He removed congenital teeth in three cases. In his opinion, they are, properly speaking, not genuine teeth, as they differ greatly in substance and form, and especially in the nature and consistency of their exterior layer. They are less firm and solid, and their enamel is white, but thin, and not formed at all in some parts. They are not inclosed in the dental alveolus, but have a loose attachment merely to the gums. The real teeth will appear afterwards; and his impression is, that such precocious formations are principally observed in individuals who will show the symptoms of general scrofula in more advanced life. He therein coincides with Capuron's opinion, who always considers the premature appearance of teeth as a symptom of a morbid constitution. He removed them, not because of any inconvenience to the mother on nursing the infant, but because, in sucking, the tongue is brought forwards, and is liable to become sore and ulcerated from the continued contact. Some of Nessel's remarks correspond with Lassaigne's statements, who, by careful chemical investigations, found the teeth of younger animals to contain more organic matter than the older, as in the case of their bones; but he is certainly mistaken in regard to those congenital teeth which prove to be real temporary teeth.

In Whitehead's cases, and in some others, the extracted teeth were reproduced. The facts, however, are sufficiently numerous, proving that this will not take place in every



instance. Indeed it cannot, where the congenital are genuine deciduous teeth.

It is not at all desirable that deciduous teeth should fall out prematurely, or be removed, for the jaw thereby contracts, and undergoes a certain degree of atrophy, and consequently, when the permanent teeth appear, there is not sufficient room. Besides, the permanent teeth are larger than the deciduous teeth, and (as usually happens after the latter have fallen out, or been extracted) they, too, appear before the normal period; the jaw, then, not being sufficiently expanded, they are either out of the normal position, and are arranged in an irregular manner, or they are forced to form two rows. This anomaly cannot be remedied, because, as Canton justly observes, considerable changes take place in the form of the lower jaw-bone, as the child advances in years. The angle formed by the ascending portion, or ramus, is at birth very obtuse, inasmuch that under the age of four years it is impossible that the bone can be dislocated. The jaw enlarges, or increases in size at the posterior part, not near the chin, in order that the additional molar teeth which the child acquires at the second dentition, may find space, without disturbing or interfering with the teeth which correspond with those of the temporary set. This growth of the jaw continues up to the adult period of life, when all the permanent teeth have made their appearance. The ramus is then nearly vertical with the body of the maxilla, and forms a right angle with it. When, in old age, all the teeth have been lost, and the alveolar arch is closed by the absorption of the partitions of the sockets, the jaw again changes somewhat in shape, and is, apparently at least, thrown forwards. In some cases another occurrence will take place. The deciduous teeth may be firmly inclosed in the jaw and not give way to the onward pressure of the permanent set, which thereby are forced to change their direction, and protrude either in front of or behind the deciduous teeth. As in these cases the jaws are fully developed to their proper size, it is not only not injurious but absolutely necessary to remove the deciduous teeth in order to let the permanent set assume their normal position. A second variation is in the position of the teeth, and instead of one row normally developed otherwise, there are two or more. Columbus reports that one of his children had three rows of teeth. Valerius Maximus and Pliny relate similar facts. A son of Mithridates is said to have had two, and Hercules three. Arnold has met with a child of fourteen years having seventy-two teeth, thirty-six being contained in each jaw, and placed in two rows in a very regular manner, with the exception of the incisors, which exhibited some deviation. Baumès gives two similar cases, but in both the children were unhealthy, with feeble constitutions, and a scorbutic condition of their gums. Storch reports a case from an old collection of medical facts and essays; and Lanzoni gives instances of two rows in a new born infant; in a citizen of Ferrara; and lastly, in Louis XIII., King of France, who is said also to have had three rows, by some writers who exaggerate the expression of Bartholinus, who reports the case:—"Item duplici vel triplici ordine dentium, qualem in piscibus nonnullis vidi et qualem Ludovicus XIII. Galliarum rex habuit."

A third variation is the appearance of teeth at a later period than the normal one. Van Swieten gives the case of a girl whose osseous system was well developed, and health perfect, but who had no teeth before the nineteenth month. Rayger relates the case of a girl who got her four temporary canine teeth when thirteen years old; Fauchard, that of a child from five to six years, who had a few incisors only. Brouzet knew a child twelve years old who had but one half of the normal contingent set of teeth, the alveolar margin having the firmness and solidity of the gums of old age. Dugès has seen the first tooth appear in the eleventh, and Smellie in the twenty-first or twenty-second year. Lanzoni knew a child who had the first tooth, and the power of speaking intelligibly, in the seventh year. Ashburner reports the case of a very delicate though lively

child, with large head, tumid abdomen, and peculiarly small-sized extremities, who cut the first tooth, an upper incisor, at twenty-two months, and remarks that many cases of tardy access of speech, and of stammering, are connected with erroneous development of the teeth. Schoepf Merei, who relates the case of a child who had the first tooth at three months, and eleven at eleven months, has seen a child who had no teeth when several years of age. Maury attended a girl of seven years, who had not her first lower incisors, the space being sufficient for three teeth, and the alveolar processes being low and narrow. I have had under observation a boy to the age of two years and ten months, at which time he had not a tooth, nor a symptom of approaching dentition. The records of the Children's Department of the German Dispensary of the City of New York contain a similar instance in a child of two years of age. Amongst the four hundred observations on dentition reported by Eichmann, there were a few in which the first tooth cut at twenty-two months, and in a case described by Churchill the first tooth cut at seven years of age.

A fourth variation, of which there are a very small number of observations, consists in the absence of teeth. Botallus gives the case of a woman of sixty years who never had a tooth. Oudet is of the opinion that the cause of this anomaly must be looked for in an early inflammation and suppuration of the dental germs. Valla reports the case of Pherecrates, and Baumès that of an adult man who never had teeth.

The fifth anomaly is the absence of a number of teeth, instances of which are also on record. One or two have been mentioned by me. Storch describes the case of his own daughter, who had no canine teeth; Linderer that of a girl fifteen years old, who never had either of the four upper incisors. I have myself known a lady with but two upper incisors.

Finally, the following anomalies of doubtful character may be mentioned:—Plutarch and Valerius Maximus report, that Pyrrhus, king of Epirus, and a son of Prusias, king of Bithynia, had only one bone on each jaw, instead of the full contingent set of teeth. And Bernard Jengha was in possession of a skull, in the upper jaw of which (this being the only one found) only three dental masses were contained, the central one corresponding with the incisors and canine teeth, and each of the two exterior ones with five molars. Perhaps, however, these cases belong to the class of those described by Eustache and Sabatier, in which a number or a whole set of teeth were incrustated by a hard stony substance, thus producing the impression of a single dental mass, or a limited number of abnormally developed teeth.

As a rule, authors assert that teething at a later period interferes less with general health than at a premature period of life. Morbid symptoms in the former cases are stated to be less frequent. But delayed teething seldom stands as an isolated fact, but is an undoubted proof of some morbid condition in nutrition and general development. In the large majority of cases a notable retardation in the eruption of the teeth is but one of the symptoms of derangement and faulty development of the osseous system and the organism in general. The bones of the infant should be developed with the same equability as its other parts. Premature teething, premature walking, and premature ossification of the cranial bones, usually coexist; so do protracted teething, retardation of walking, and retardation of the ossification of the cranial bones and fontanelles. They are far from being favorable symptoms, and are too frequently the first symptoms of rachitis. Old Heister and Storch were already aware of this fact. To what extent the general health and constitutional vigor correspond with the formation of the teeth, and the development of the osseous system, is clearly shown by the following inquiries of Merei.

Of twenty healthy and robust children, the large cranial fontanel was closed in ten at from eleven to thirteen months in five at thirteen; in two at fourteen; in two at ten; i

one at fifteen. In fourteen of these the first teeth cut at from six to eight months; in four at from eight to nine; in two before the sixth month. Consequently, there is, in healthy children, an interval of from four to seven months between the cutting of the first incisors and the closure of the fontanel.

Of eight feeble or sickly, but not rickety, children, the large fontanel was closed in six at from eleven to thirteen; in two at from thirteen to fourteen months of age. In seven of these the first incisors cut from four to seven months before the closure of the fontanel; in one the cutting of the first tooth, which took place at thirteen months, was directly succeeded by the closure of the fontanel. Thus it appears, that feeble, but not rachitic, children, differ little in the proportionate time in which the several parts of the anorganic portion of the body is developed, except that the general development is usually a little slower.

Of eight rickety children, the fontanel in three was closed in the thirteenth month; symptoms of rachitic mollification of the osseous system developed themselves immediately afterwards; the incisor teeth came at the regular time; the other ones too late. In three the ossification of the cranial fontanel took place between the sixteenth and nineteenth month, the first tooth having made its appearance at the age of twelve months, the others following in rapid succession. In one the large fontanel was open at nineteen months; the first teeth cut at the regular time, while rachitis was not yet present; but at eighteen months there were but eight teeth present. In one case of severe rachitis, neither the fontanel was closed, nor had the eruption of a single tooth taken place at the age of twenty-five months. I have deemed it important thus to consider the anomalies of dentition and the connexion of the eruption of teeth with the development of the osseous system, and finally allude, in passing, to its relations to the general health, and the constitution of the patient.

## Original Communications.

### HYGIENE OF THE SEWING MACHINE.

(READ BEFORE THE ACADEMY OF MEDICINE, NOV. 21, 1860.)

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ORIGINATORS of useful inventions are benefactors of mankind; yet the debt of gratitude which the world owes to every individual inventor, depends not entirely upon the result obtained by adding to the beauty, rapidity, or cheapness which may be given to any species of human industry. The deterioration to health and consequent shortness of life which may accompany the carrying out of the process of the manufacture are also to be taken into account. A recent writer in the *Edinburgh Review* has, in a very interesting manner, considered this question, in giving statistics respecting some of the various occupations of life. Every calling may be found to have an average mortality for those engaged in it—the gentleman of cultivated ease and the idler of no ease at all, who works to kill time, alike having their average length of life. The industrial man is really indebted to him who has by his genius enabled him to attain to an agreeable aesthetic, and far more, to an absolutely necessary result, with a diminution of time and cost; but enlightened humanity owes a boon of gratitude to him who accomplishes this end with a less cost of health and life. Man perhaps feels thankful to the artisan who found out that the beautiful Brussels lace may alone be manufactured in underground, dark, and damp rooms, when the bright light of day and the sun-dried air would contract

and twist and break those slender filaments of flax which form the gossamer substance of this frail ornament for the frailer creatures of clay; but the great heart of humanity should shout a psalm of praise to the man who at some future time, failing to effect the entire disuse of this material for ornamentation, may invent some plan whereby it can be made without the great sacrifice of the eyes—as a constant life in almost utter darkness can alone enable the weavers to attain to the delicacy of vision which will allow the perception of the slender meshes which they are to fashion into fairy-like meshes, and spider-net figures.

The lives that have been saved by the use of Humphrey Davy's Safety Lamp cannot be told, but he who will invent some way of adding to the life of the artisans in steel, will do infinitely more good, for we find that the span of life in Sheffield of the grinders of necessary cutlery is as follows:—

Dry grinders of forks, . . . . .	29 years,
" " razors, . . . . .	31 "
" " scissors, . . . . .	32 "
" " edge tools and shears, . . . . .	32 "
" " spring knives, . . . . .	34 "
" " table knives, . . . . .	35 "
" " saws, . . . . .	38 "
" " sickles, . . . . .	38 "

Look, too, at the makers of phosphorus matches and see the diseases in the jaw-bones ensuing therefrom; the makers of arsenical wall papers, the workers in lead, as the painter, plumber, cardmaker, *et id genus omne*.

We could with interest collect the statistics of the mortality of every calling in life, and show how each has its benefits and drawbacks. We would, however, prefer to turn to the various plans for the relief of these attendant evils, and show how ventilation lengthens life, that exercise strengthens the body and that both not only expand the mind, but by cultivating good digestion and a healthy body, prevent fretfulness, peevishness, irritability, and consequent sin. Sin is the consequence of bad health, first caused by the intestinal irritation of a green apple and now kept up by foul air, foul food, and fouler drinks.

Pleasant as such themes might be, we must turn at present to another branch of the subject, and from the general come to the particular, and show statistically how the health of the entire womankind has been benefited and is to be benefited by one recent invention. This I undertake from a deep feeling of interest in this great hygienic improvement, because I have carefully and assiduously studied the facts of the case for several years; and finally, because I am fully convinced that much error is current respecting this subject, not only among the community, but also among the medical faculty, who ought to know better, and who ought not to carelessly express crude opinions when they have abundant opportunity to form enlightened judgments.

The object of this paper then is to examine the invention of THE SEWING MACHINE IN A HYGIENIC POINT OF VIEW, and to bring before this learned and deliberative body the simple facts as I have found them. I claim that the sewing machine is the great boon of the nineteenth century to the women of Christendom and of the world—that it has manumitted the white slave.

The opinions here given are founded by many years' study of the working of machines of all patterns, among which may be enumerated those of Wheeler & Wilson, Grover & Baker, Finkle & Lyon, Singer, Connor, and many others. I shall narrate them in their simplicity, leaving all oratory respecting the improved condition of women, mothers, and shirt-maker; all questions of political economy as to the result effected upon the community by the general use of the sewing machine; questions of morality adduced by some; all matters extraneous to the simple question of healthfulness, to other times, places, and persons, and give only facts in this simple direction.

The world requires for a necessity a certain amount of sewing. The sewing machine does the work of twelve

persons—therefore either but a twelfth of the persons employed is necessary, or the work is done in a twelfth of the time. Supposing this work is done under the same circumstances of foul air and by the midnight lamp, the amaurotic eyes and the consumptive's hectic cheek are diminished to one twelfth. If by the diminished quantity of work, "nightwork" is dispensed with, the "eyelids weary and worn" are vastly diminished in number.

But here comes the argument which this paper is especially intended to meet; for it is alleged by some in objecting to sewing machines, first, that "sewing machine work is inferior in looks, strength, and consequent durability of wear to hand work (which statement, with a simple but very forcible denial, I pass by for more legitimate themes), and secondly, that the working of the machine not only aggravates but originates disease. This latter objection, like those once urged, that the thread was worn out by the needle in passing through the cloth, needs only to be looked at to be disproved. Time has shown that the thread does not pass through the cloth with anything like the frequency that it does in hand sewing, and ten years have shown that the health of the operators on machines of all varieties is in no respect injured by the working upon them.

I was one day making inquiries of a person who made fancy articles for sale, having had some six machines at work for many years, if she considered them healthy. The reply was, "Perfectly so; our girls are never sick, some have worked upon them for a year without losing a day." At that moment a lady came in, and bought a fancy garment, and on being urged to buy a half dozen replied: "Oh, no, I have bought this one for a pattern, I have a Wheeler & Wilson at home myself, and I shall easily run off 'a set.'" "But," says the seller, "it will never do for you to work a machine, it will injure your health." This is the kind and value of the opinions adverse to the sewing machine on the score of health.

The principal diseases said to be caused by the sewing machine are the so-called "female diseases" and spinal complaints. I have had some practice in these diseases, and may be allowed as a matter of personal experience to state that I have never seen a single patient who gained her living by working a sewing-machine, who was affected with leucorrhœa, "falling of the womb," "ulcerations of the womb," or spinal difficulty—who ever had an abortion while using it, or who in any way could trace any injury from it. Neither have I had any patients in private practice with any diseases at all attributable to it. I have had many patients who have made up their family and children's clothing for the season, and their "baby linen" just before their lying-in, with no injurious effects.

I am aware that the jar of the machine and the "up and down" vibratory motion are stated to produce abortions, but this seems to me to be a most erroneous opinion, inasmuch as the "jar" of the machine, if there is any, falls not upon the feet or lower extremities, in which it is not felt in the slightest degree, but entirely upon the arms of the operator resting upon the table; and from this undeniable reason, the alleged analogy between the hypothetical statement, that "the vitality of hen's eggs carried in cars and subject to their vibratory and oscillatory movement, is so destroyed that not one in a score will hatch," does not hold good, even if it can be proved that the human ovum in a healthy uterus is killed by this trembling movement, as is claimed by some. Upon this point I have also a word to say in a proper place. Overwork, and by one unaccustomed or disused to the sewing-machine, may, very probably, in some cases produce abortion, and so will a long walk in the Central Park, a day's shopping, excessive laughing even, the eating of a bunch of grapes; yet shall these be denied the parturient woman? Shall we take the exception for the rule?

With the view of learning the facts that actually exist, I have made as careful inquiries as I knew how, of those running large numbers of machines for manufacturing purposes, of the girls actually and for many years working upon

them, for their own experience and observation of those working by their side in the same factories, of physicians whose peculiar practice would lead them to note any general amount of disease among this class of girls, and now offer the result and many of the details of the inquiry.

Douglas & Sherwood, extensive manufacturers of skirts, for several years ran some two hundred and fifty of Wheeler and Wilson's machines constantly, and were, till a change in their business made less machine work necessary, in the daily use of more machines than any one else in the United States, and probably in the world. Mr. Sherwood, under whose daily supervision was this portion of the work, said to me, "That he had yet to see the first injurious effect from working a machine. Many girls who had come into his employ pale and weak, complaining of pain in the back, and at first unable to do a day's work, speedily became able to work their full nine hours, and became free from pain, robust, and healthy. He has never seen but one girl (who has a curvature in the spine between the shoulders) who was unable to use the machine. Many with spinal affections and curvatures, work full time without any bad results. The girls are rarely away from work from ill health. The girls, when they first come, after a day's work, are obliged to ride home from fatigue—but they soon walk home. Now, he finds that those who *sit sewing* in the old fashioned way, are so tired by night that almost all of them ride home, but the machine workers and those on their feet all day, walking around the hoop-frame, bending in every posture, now almost invariably walk to and from their homes, several miles distant. His own sister, who was fearful to try the machine, on account of a "weak back," has been enabled to use it ten and twelve hours a day, not only without injury but even with positive benefit, as her health has materially improved, since commencing it."

One lady in a private family stated that she had found an attack of neuralgia, to which she was very susceptible, to always ensue from the withdrawal of the animal heat through the iron foot-plate, whenever she wore thin slippers, but on covering the plate with a thick bit of carpeting such a result was never afterwards noted.

I have never heard of an instance of muscular rheumatism or cramps, affections most probable to be produced by such unusual exercise, arising from the use of any machine.

From a visit to the factory of Payan & Carhart, where fifty Wheeler and Wilson's, and fifty Singer's machines are in daily operation in the manufacture of clothing, I found that the heavy Singer's machines were worked by compressed air—that so much muscular force was required to carry the machine on at a *paying speed*, that pushing the needle through heavy beaver cloth and buckram, was too much for the muscular power of the girls—but with machinery they were enabled to run them as fast as might be desired. The working of these heavy machines with the foot did not, however, produce any disease. Exhaustion from overwork in this, as in every other overwork, was necessarily felt. The unanimous testimony was, that the machine had wrought a benefit upon the laborer. In particular it had enabled work to be so systematized as to make the employment of a large number of operatives, in large and well aerated and salubrious rooms, not only mutually profitable, but the workman could, from the system enabled to be introduced, make more wages in the factory than at home; thus the day was not as heretofore spent in a small apartment, containing bed, cooking-stove, children, work-bench, etc., but after a healthy morning's walk in a pure atmosphere and amid cheerful companions, again to be refreshed by the walk home after the labors of the day were finished. It was the opinion of those who worked for years on the board as journeymen tailors, and several years at the machine, that the latter was far better for health and spirits; that the mind was sharpened by the stimulus of the machinery, and the machine worker was intellectually brighter than the mere sewer.

(To be continued.)



## Clinical Record.

### UNIVERSITY MEDICAL COLLEGE.

PROF. ALFRED C. POST'S SURGICAL CLINIC.

Saturday, Nov. 17, 1860.

PORRIGO CAPITIS. MORBUS COXARIIUS.

CASE XVI. *Porrigo*.—J. A., æt. 6 years, boy, was at the Clinic three weeks ago, when the whole face and scalp were covered with thick scabs, which are now mostly cleared off. The surface, however, is still red, and has the peculiar character of the original disease. At the first visit of the patient, the hair was directed to be cut short, and an emollient poultice applied; after which, the parts were ordered to be kept clean by frequent ablutions of warm water, and the following ointment was directed: R. Creasoti grt. x.; ungt. simp. ℥i. The patient is now in a much better condition; ablutions and ointment continued. The following medicine was also recommended: R. Pulv. rhei, carb. sodæ aa gr. ii.; pulv. ipecac. gr. one quarter; three times a day. To the face may be applied acet. plumbi ℥i.; aquæ Oii.

CASE XVII. *Morbus Coxarius*.—W. B., æt. 14, boy; has always been a delicate lad. The complaint is of four years' standing, and is supposed to have been induced by his taking cold while bathing. It commenced with pain in the left knee, with severe nocturnal exacerbations. In February last an abscess formed in the hip-joint of the corresponding side, which pointed and broke two inches or so below the lower trochanter on the outer side of the thigh. This disease is most frequent in childhood; it often occurs about puberty, or in early manhood. It may originate in the cancellated structure of the bone, ulceration of the cartilages of the joint, or in inflammation of the synovial membrane. The diagnosis of the origin of the disease in these three forms is obscure, but the course of the malady and the treatment are the same. It is divided in its progress into three stages: 1st. Lameness, and inability to bear the weight of the body on the affected limb; 2d. Apparent elongation and eversion of the limb, supposed to be from effusion into the capsule of the joint; 3d. Inversion and shortening of the limb after the capsular ligament is perforated and the pus or fluid is discharged. These changes of length of limb are, usually, merely apparent on inspection. Accurate measurement from the anterior superior process of the ilium to the internal malleolus of the tibia shows, as a general rule, that this statement is correct. The reason of this apparent change of length in the limb is owing to the tilting upwards of the pelvis to the affected side. The patient was placed on the bed on his back, and the feet being brought together, the apparent difference was about half an inch; on measurement of both limbs and comparing them, the shortening was found to be real. The sinus left by the opening above mentioned still remains, and discharges a thin ichorous pus. On passing a curved probe into the sinus, it was found to pass two and a half inches upwards towards the trochanter. There is, at present, evidence of an abscess situated over, and a little behind the trochanter major: this may be connected with the joint, or it may be periarticular. In either case, it should be opened. (An incision being made, a considerable quantity of pus was evacuated. The Professor remarked that if the point of the bistoury be thrust into an abscess, and then tilted up and brought out through the surface, and by a gentle drawing motion the blade be made to cut its way out, there is much less pain than by any other way of operating.) In this disease, the tendency is to permanent adduction and flexion of the thigh. The most important part of the treatment is keeping up extension, and rest. The first surgeon who recommended and practised extension in these cases was Dr. Harris of Philadelphia, who published a paper on the subject, more than twenty-five years ago, in the *Medical Examiner*. His apparatus was

similar to what is in use for making extension and counter-extension in fracture of the femur, and he kept his patients under treatment a year or more. This plan, though an excellent one, did not meet with favor in the profession. Some years after, Sir B. Brodie recommended a modification of the same plan of treatment; but this, although from so high an authority, did not meet with commendation by practitioners generally. His plan consisted of a counter-extending band under the perineum; a padded strap around the thigh above the condyles, to which was attached a cord passing over a pulley at the foot of the bed, to the end of which cord a weight was attached. Brodie himself did not thoroughly carry out this plan in many cases: it remained for an American surgeon, Dr. H. G. Davis, to invent and apply a means by which long-continued and sufficient extension can be made and kept up a length of time without detriment or much suffering to the patient. This consists of a broad piece of adhesive plaster extending from the upper part of the thigh on each side, which is kept in apposition to the limb by a roller bandage from the toes as high as it extends. The lower extremity of each strip of adhesive plaster is stitched to a firm piece of webbing, and these two pieces of webbing are attached to a cord which passes over a pulley, and has a weight of three to eight pounds attached to it. The plaster in use for extension is spread on Canton flannel instead of thin muslin, this being found to be stronger and better adapted to the purpose. This method of Dr. Davis of making extension of a limb, either in fracture or in the disease under consideration, answers every requirement, and may be considered one of the most practical and useful of modern inventions in surgical appliances. The principle of extension in both these affections is all important, and is destined before long to become universal wherever sound surgery is practised. Another important mechanical appliance in the treatment is a steel splint, properly known as Davis's splint, also the invention of Dr. Davis above alluded to. It is so arranged that both extension and counter-extension can be kept up, and yet the patient is enabled to leave his bed and go about, so that the tedium and confinement of the sick room can be exchanged for social enjoyments, riding in the open air, and other healthy recreations so necessary to one who has to contend against so serious and distressing a disease. Some modifications and improvements have been made in this splint by Dr. L. A. Sayre, and among some it is known as Sayre's splint, but the merit of the discovery rests with Dr. Davis.

Constitutional treatment is also very necessary. Tonic and supporting treatment, generous diet, and attention to the secretions and general health, are all important. The vital power of patients with this disease, especially if of long duration, is considerably below par, and consequently the main indication is to build up the strength, and enable the system to withstand the depressing effects of the disease. In the way of medicines, iron, quinine, iod. potassii, and other tonics and alteratives, are required according to circumstances. Cod-liver oil should be given when there is a tendency to emaciation. Local treatment is sometimes called for, such as leeches, when there is much inflammation about the affected joint, but all depletory measures should be used cautiously. Issues placed behind the trochanter were formerly very much in use, but now the opposite extreme seems to prevail, this remedy being scarcely ever resorted to. A medium course, however, in this matter is desirable, moxas, issues, and setons, often proving very beneficial when judiciously used. In the present case, treatment by extension and counter-extension was recommended, and the patient was directed to take iod. pot. gr. iv. and syrup iod. ferri grt. v. thrice a day. With regard to the local treatment an emollient poultice may be applied over the abscess; and it may be proper, after a time, to inject the sinuses with some mildly stimulating fluid, such as hydrg. bichlor. gr. ii.; aquæ Oii.

(To be continued.)

# American Medical Times.

SATURDAY, DECEMBER 15, 1860.

## HEALTH LAWS.

THE time of assembling of the State Legislatures is again at hand. At our own State Capital the appointed law-makers for nearly four millions of inhabitants will, in the course of a few days, commence their deliberations upon the rights and the interests of the people, and, we would fain hope, with noble purposes to promote human welfare.

Will the next Legislature provide a Sanitary Code for the city of New York? Shall the great interests and all claims of human life and health in this crowded centre of population and commerce be longer neglected by our legislators? Who among those chosen representatives of the people is prepared to introduce and properly advocate a comprehensive and practical plan for promoting the public health? It is to be hoped that among the hundred and sixty honorable gentlemen at Albany there may be a goodly number of the ablest and best members who will make sure work for the benefit of the people in this matter.

In the city of New York and its suburbs, including Brooklyn, dwells more than one-fourth part of the total population of the State; and it is an acknowledged fact that this million and a quarter of inhabitants is living under one of the most corrupt and corrupting municipal governments in the civilized world, and that reform without the interposition of State legislation is impracticable. Of all the municipal departments of government, that having charge of health and cleanliness is the most corrupt and reckless. It is called the Health Department, but that is a misnomer. It does little for health, but much for disease and death. Since 1844 there has been no medical adviser or executive medical officer in the department, and under existing laws that entire department is inevitably devoted to plunder and the neglect of every sanitary duty; and were it not for the unequalled salubrity of its location, New York would be so notoriously unhealthy as very seriously to diminish its commercial prosperity. Even in the present years of health, this city has the highest death-rate of any maritime city in Christendom, and exhibits its degraded estimate of human life by sacrificing annually to the Moloch of preventible disease more than seven thousand lives! Indeed, as estimated by the editor of the *Daily Times*, this criminal waste of human life annually amounts to more than nine thousand lives! Those of our readers who may not be familiar with the facts connected with this subject, should read the last Assembly Committee's Report on the Health Act, and the sanitary wants of New York, and also the Senate Committee's Report on the public health of the city. Those reports show why philanthropists and political economists should be interested in this subject.

To prevent disease and ameliorate human woes is the highest mission of medical knowledge; and true physicians have always been distinguished for efforts to promote health and guard human life. Persons who think otherwise of medicine and medical men, do not comprehend the

spirit and work of our profession. The appalling increase of the annual death-rate in this city, and the reckless disregard of the public health by the municipal government, induced the Academy of Medicine in 1856-7 to call the attention of the State Legislature to the sanitary wants of the city. Its views respecting the necessity of legislative interposition were embodied in a memorial and in a report which were presented to the Legislature. That was the first attempt made by the profession in this city, or in the State, to procure a reformation of our Health Laws. The memorial was favorably received, and a Health Bill was introduced in the Legislature, and found a few competent and warm-hearted supporters in such gentlemen as Hon. DR. BRADFORD and Hon. MR. BROOKS. But after many delays, that first effort at Sanitary legislation was effectually defeated by the paid agents of corrupt officials who succeeded, at a late period of the session, in sequestering or destroying all traces of the Bill, both manuscript and printed. The next year the Academy of Medicine renewed its memorials to the Legislature, and made commendable efforts to secure the enactment of suitable laws, but with no better success than in 1857. Yet by the Academy's memorials and reports to the Legislature a deep impression had been produced, and a profound conviction of the importance of the public health question so pervaded the minds of a considerable number of legislators that the Senate voluntarily appointed a committee of its own body, from the Five Metropolitan Senate districts, to make investigations and take testimony upon the subject. That honorable committee began their labors at a late period of the subsequent Autumn, and until then they had manifestly entertained but an inadequate conception of the extent and importance of their undertaking. They were plain business men, whose political and personal interests were not to be advanced by recommending legislative interposition and radical reforms. But their inquiries elicited such convincing evidences of the imperative necessity for the "adoption of some action and efficient remedial measures," that they reported to the Legislature in favor of a sweeping reformation and thorough reorganization of the Health Department of the City Government. The committee affirmed that the health department as at present organized "does not accomplish the objects for which it was constituted;" and they, therefore, submitted to the Legislature an outline of a plan for its effectual reorganization. That plan was based upon the general truth that "preventive medicine is capable of exerting a vast influence over the welfare, physical and moral, of the human race," and they also express their conviction that for want of the application of the precepts of this science to the local management of the City of New York, it has suffered incalculably." —(*Senate Report on the Sanitary Condition of New York, 1859, p. 9.*)

The Senate Committee's Report was widely circulated, and it produced a profound impression in favor of reform. And it is a notable fact that the honorable Secretary of that Committee, Gen. P. M. WETMORE, became so impressed by the nature and importance of the evidence he had officially collected and analysed, that he was impelled to unite with medical men in an uncompromising and disinterested advocacy of the proposed reform. Boldly charging the crime of this neglect of the public welfare upon its real sources, that gentleman has continued to advocate and illustrate the importance of Sanitary improvements with an enthusiasm

and an intelligence seldom equalled among non-medical men. He has become the Chadwick of our metropolis. In the Chamber of Commerce he has so popularized this subject as to secure the unanimous and earnest co-operation of that body, and among his associates there, the distinguished civilian, Hon. Geo. Ordway, and other influential merchants, have united in the public advocacy of the reform.

It should here be mentioned, that previous to the publication of the Senate's Report, a large number of physicians and other citizens had united in a voluntary Association for the purpose of encouraging sanitary inquiries, and hygienic improvements. But again, notwithstanding the great influence of the Committee's Report, and the co-operation of the Sanitary Association, the Health Bill of 1859 was defeated by the same *material aid* and agencies of official corruption as in 1857 and 1858;—upwards of ten thousand dollars having been assessed upon certain officials, and used to kill the Health Bill.

The New York Sanitary Association having become thoroughly organized as a permanent institution, it appointed a committee to report upon a Sanitary Code; and after more than six months of inquiry and preparation, the draft of a Health Act was reported to the Association, and by that body transmitted to the Legislature. This was universally admitted to be a far more comprehensive and effective measure than had previously been proposed, and it received the cordial support of all good men. The unpartisan press unanimously supported the measure; but the party leaders, while they fully endorsed it, hesitated to urge a reform which proposed to remove the Health Department beyond the reach of all political parties, and devote it solely to the service and good of the people. The leading papers in the state pronounced the Health Bill a purely beneficent and very necessary Act. The *Times* declared it to be "the most popular and most important measure before the Legislature;" and, regardless of party interests and official intimidation, the latter paper nobly advocated the Bill, and elaborately discussed the subject. In addition to the agency of the press, the proposed measure had the combined support of the prominent merchants and best known citizens, who urged the enactment. But all good influences were impotent when opposed by log-rolling corruption, gridiron railroads' prizes, and the tempting gold that had been accumulated by depleting assessments upon the over-paid attachés of the so-called Health Department with its hundred and twenty-five thousand dollars of unearned salaries.

The Health Bill of 1860 was finally defeated, but its principles were not lost, nor were the friends of reform disheartened at the defeat. To-day they stand in the same uncompromising position in the defence and advocacy of sanitary reform, and a strictly medical polity in the administration of the department of public health in every city and town in the land.

It is conceded that the city of New York must be provided with a Health Department, framed upon a medical and scientific basis, and that the uncontrollable influence of municipal corruption, patronage, and conflicting partisan interests, will render it utterly impossible to effect the necessary reforms without the interposition of the Legislature. And, further, it is the bounden duty of the State to provide the laws required for the protection of the life and health of the people. To the Legislature, therefore, we must continue to appeal on this subject.

To the medical profession throughout the State we now appeal for their timely co-operation and aid in bringing the question of Health reform to the attention of members elect of the Legislature. What is done for the city of New York is done for the entire State and country.

If any Health Bill is sent to the capital by the friends of sanitary improvement, we have reason to believe it will be a well considered and greatly improved measure, against which no just objections can be urged. But of this fact we may be assured—there will be no attempt to hide our purposes. As medical men, we invite attention to the laws of life and health; and as friends of humanity, familiar with the causes and conditions of human suffering, we ask for laws and executive means to guard our fellow creatures from the preventable causes of disease. Will not every physician in the State make it his special duty to confer with the legislators from his own district, and urge upon them the duty of giving early attention to the public Health Act? If this were faithfully done by our brethren, and if timely efforts were made by the county medical societies, we verily believe that not the Metropolitan District alone, but the whole State, might next spring rejoice in the inauguration of sanitary improvements under a General Code of Health.

#### THE WEEK.

A most important change has just been effected in the medical service of the hospitals of the Almshouse Department, under the care of the COMMISSIONERS OF CHARITIES AND CORRECTIONS. The Island Hospitals, heretofore under the supervision of a Resident Physician, Dr. SANGER, have been consolidated with Bellevue Hospital, and the entire medical supervision is confided to the Medical Board of the latter Hospital. At a joint meeting of the Commissioners and the Medical Board, PRESIDENT DRAFER, on the part of the Commissioners, submitted the following statement:—

The medical department under the government of the Commissioners of Charities and Corrections is to be united under one medical organization, excepting Randall's Island and the Lunatic Asylum. It will embrace, beside Bellevue Hospital, the care of the patients of the Penitentiary, Almshouse, Workhouse, Island Hospital, and Small-Pox Hospital. It is proposed:

1st. That the Medical Board furnish the proper substitute for the supervision of the patients, all that can be or ever has been furnished by the Resident Physician.

2d. The necessary provision shall be made for the conveyance of such force to meet the requirements on the Island.

3d. The patients are to be at all times provided with ample attendance, permanently defined and provided for.

4th. The whole government to be so arranged that a due regard shall be had for the economy of the arrangement.

5th. There will be required a complete system of attendance with the utmost punctuality.

6th. Every facility to be given to the transfer from one institution to the other of all cases coming under the government of the institution.

The Medical Board have accepted the service, and Dr. JAMES R. WOOD and Dr. B. W. MACREADY have commenced regular attendance. This change is a most salutary one, and is destined to improve the hospital appointments of the Department. The Bellevue Hospital being devoted to acute, and the Island Hospital to chronic diseases, the latter is designed to be the recipient of the convalescents and incurables of the former. But while these two hospitals remain under separate heads there is liable to be a constant



feeling of rivalry, and the regular and proper transfer of patients can never be effected; while the result of this misunderstanding is serious detriment to the patients. But under one medical supervision these hospitals, which are but divisions of one institution, can be rendered in the highest degree serviceable.

THE Richmond County Gazette, a high-toned and ably edited local paper, has some just strictures, and makes some excellent suggestions upon Boards of Health in towns. Alluding to the needless panic and the useless measures of some of the towns' Boards of Health on Staten Island, the Gazette says, that the system stands very much in need of reform, and the editor thus explains his views:—

"As originally contemplated, no doubt these organizations were intended, by the framers of the law, for application to extraordinary emergencies, such as the prevalence of devastating epidemics, etc., so the convening of a Board of Health, being attributed to some necessity of this sort, is of itself the occasion of a panic, always causing more detriment to the community, from the interruption of business, etc., than can be compensated for by any of the profound sanitary measures that usually emanate from these authorities, even when the public health demands relief. But admitting that emergencies may arise, in which it is desirable that a body clothed with the legal authority of our Boards of Health should exist, it will be found, and must be apparent to all, that very little that appertains to the preservation or amelioration of the public health is ever performed by these bodies. We believe that medical matters can only be properly managed by medical men, and would therefore urge that the common consent of the community should impose upon the County Medical Society the responsibility of recommending the sanitary measures that may be necessary for the preservation of the public health in the season of epidemics, and of suggesting preventative measures applicable to all seasons.

"There is scarcely a practising physician on the Island who does not perform annually, without fee or reward, more real justice to the public than all our Boards of Health put together. All the medical aid that the large proportion of the poor among us receive is obtained from this source, or not at all. The Boards of Health do nothing for the sick poor. Let the medical society hold weekly meetings, and organize out-door relief for the poor—voluntary aid would soon be forthcoming from the benevolent to defray the necessary expenses; a reciprocal confidence and respect would be engendered between the profession and the community which would lead the latter to look to their natural health guardians in time of panic and pestilence—and the expensive and ridiculous machinery of Boards of Health would soon die out."

This is a sensible proposition, and we trust that the Richmond County Medical Society will take the hint, and show what can be effected by such a voluntary enterprise. If a Metropolitan Health District should ever be formed, it should include Staten Island, and the medical profession of Richmond County should be represented in the general Board of Health. Local Boards of Health without a medical element, as constituted under existing statutes, are a misnomer and a nuisance. They breed more panics and pestilences than they cure.

DR. MOFFATT's remarks in another column, respecting his experience in the employment of *silver sutures* in all kinds of surgical operations in which sutures are required, furnish the testimony we have expected from practical surgery on this subject. The peculiar utility of the silver wire suture,

in particular operations, has been sufficiently demonstrated, and is universally acknowledged by the best surgeons; but when Dr. Sims two years ago ventured to intimate that this suture would prove to be of "*universal applicability in general surgery*," not a few of our best surgeons were disposed to regard the idea, as the sanguine but unattainable hope, of that ingenious confrère who introduced and first properly taught and illustrated the preparation and use of this valuable improvement. But such testimony as we now publish from the Physician-in-chief of the Seamen's Retreat, with an experience extending over several years in that great surgical hospital, where there are from 1,200 to 2,000 patients annually, treated with results not exceeded in any other institution in our country—Such testimony, we say, is more reliable than any merely negative, theoretical conclusions.

THE case of Mrs. Frisch, the insane murderess, who was recently convicted of taking the life of her little daughter, in Genesee county, has resulted as we had feared, yet for the credit of humanity had hoped. *The woman is, and has long been, hopelessly insane*, though regarded by herself, her friends, and most of the local physicians of the vicinity, as being *perfectly sane*, and consequently morally responsible for her last horrible infanticide, as well as her former murders. We learn that for several weeks past this convicted murderess has been so completely insane as to leave no doubt as to the real and fatal character of her cerebral and mental malady, which had previously been decisively affirmed by Dr. Edward Hall, of the Convict Asylum, whom Governor Morgan had wisely employed to decide for him the unsettled question of the lady's insanity. Five times was she placed on trial for homicide; at last was convicted of murder; finally, had her sentence of death humanely commuted to imprisonment for life, and now goes to finish her few remaining days in the Lunatics' Home at Utica. We need no better comment than this case would furnish for an argument in favor of a Commission of Lunacy or a Court of Experts. In a future number of the TIMES we shall present a brief history of Mrs. Frisch's case.

The New York Tribune states that it is to receive over \$31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will, of course, be drawn from the readers of that paper, and be paid back to the quack, for his worthless preparation. The universal panacea now put forward is called the "*Cephalic Pills*." We hope the profession will, as far as possible, prevent this "*Enterprising Business Man*," as he is styled, from realizing the contemplated profits from his investment.

The Lancet and Observer (Cincinnati) retracts its charge against the Long Island College, but, gathering courage from defeat, it declares its intention of laying before the profession the irregularities of even our most respectable schools! We venture to suggest that when it undertakes another expedition against a *respectable school*, it determine positively whether it has a real foe to contend with, or some phantom conjured up by its own jealousies. We learn that in Cincinnati it is now held to be "*editorial courtesy*" to give "*the proof, and the name of the person furnishing it*," in connexion with the charge made against a party. This could not have been the rule about Sept. 1, 1860, or the Lancet and Observer "*sadly departed*" from it.

## Reviews.

INTRODUCTION TO STRUCTURAL AND SYSTEMATIC BOTANY, AND VEGETABLE PHYSIOLOGY, being a fifth and revised edition of the Botanical Text-Book, illustrated with over thirteen hundred woodcuts. By ASA GRAY, M.D., Fisher Prof. of Natural History in Harvard University. New York: Ivison, Phinney & Co. 1860. pp. 555.

THE science of botany, as a collateral branch of medicine, is grievously neglected by medical students, owing to the laxity of our educating bodies. It should be sufficient to urge its study as a part of the general education of a member of a liberal profession, but in this utilitarian age we must give a reason of a more substantial kind. We will therefore add that botany is essentially a branch of medicine, a knowledge of which is often of practical value to the physician. It enables him to study the peculiarities in that kingdom of nature from which is drawn the largest class of his remedies, and thereby avail himself of many useful agents which might otherwise escape his notice. So impressed is the profession of other countries with the importance of botany as a department of medical knowledge, that it enters into the course of study, and the student must qualify himself as much in that as in anatomy. This is right, and we hope the day is not distant when the American student of medicine will also be compelled to pass an examination on this branch.

The text-book of Prof. Gray ranks deservedly as the first work which is devoted principally to the study of the structure and physiology of plants. Commencing with the elementary organization of plants, it traces the development of their individual parts, and points out the physiological laws which govern their growth. The concluding portion of the work is devoted to systematic botany, or the principles of classification. The style of the author is at once simple, clear, and definite, and admirably adapted to the easy comprehension of the student. The work is profusely illustrated with finely executed woodcuts.

We cannot take leave of this work without again urging the study of botany, at least the elementary portion, upon students of medicine. And we would recommend the young practitioner, who locates in the country, to select as one of the first and most desirable works for a library, *Gray's Structural and Systematic Botany*.

BED-CASE. By WALTER CHANNING, M.D., Boston. 1860.

DR. CHANNING, who is always facetious as well as edifying in all that he writes, furnishes us in this little tract with a curious phase of disease now unhappily too common, the most prominent symptom of which is a *vis inertiae* and a *decubital proclivity* of the most obstinate character. These cases are originally psychological in their nature, and simulate certain well known forms of hypochondria, the often instantaneous cure proving that no lesions of the muscular or locomotive apparatus do in fact exist. Whoever reads Dr. Channing's brochure will find much to reflect upon in the facts so well set forth by him, nor will he fail to detect among many of his own bed-ridden female patients some to whom better than all tonics would be the command "*Arise, take up thy bed and walk.*"

RECHERCHES TÉRATOLOGIQUES, sur l'appareil séminal de l'Homme, par Ernest Godard. 8vo. pp. 104. Paris. 1860.

DR. GODARD is already known to the profession as the author of a monograph on *Monorchidism and Cryptorchidism* which occupies a deservedly high rank among elementary works. In the one under consideration he has confined himself to malconformations of the seminal apparatus in man, involving either a total absence of the testes, or an occlusion of their excretory canal, both which, when established, either congenitally or otherwise, equally impair the generative faculty. The subject is one of an eminently curious character from the great infrequency of its manifestations, and Dr. Godard has handled it in a manner at once thorough and exhaustive. Superadding to the observations of others much that has been collected in his own hospital practice, he is enabled to speak with an authority, and a power to explain himself, from ocular acquaintance with the subject, that is not often possessed by authors. And, indeed, in this branch of pathological anatomy it is permitted physicians to be somewhat unlearned, because cases of such malformation as Dr. Godard descants upon, are extremely rare; many a practitioner, however extensive his observation, often passing through life without seeing half a dozen cases of sexual teratology. Therefore it is that a historical collection of such cases must be eminently useful not only to the anatomist, but also to the medical jurist. In this latter view, the present monograph, with its fifteen illustrative lithographs, will be found to deserve a place on the shelves of every medical library. Its typographic execution is also deserving of note as a beautiful specimen of Parisian art, and one alike creditable to the publisher, and gratifying to the reader.

COMPENDIUM OF HUMAN HISTOLOGY. By C. MOREL, Prof. Agrégé à la Faculté de Médecine de Strasbourg. Illustrated by twenty-eight Plates. Translated and Edited by W. H. VAN BUREN, M.D., Prof. of General and Descriptive Anatomy in the University of New York. New York: Baillière Brothers. 1861. pp. 207.

THE above work is intended to furnish the student with a clear and concise exposition of the minute structure of the human body. In the present issue, the original French plates are retained, while the text has been rendered into English by Prof. Van Buren.

At the present day, instruction in Microscopic anatomy forms a necessary part of a sound and thorough medical education. In fact, the science of physiology cannot be taught without constant reference to the elementary constituents of the various tissues and organs, and to the part which these perform in carrying on the vital processes. In the study of pathology, too, the aid of the microscope is equally indispensable. There are but few facts in morbid anatomy which cannot be rendered more intelligible by the use of this instrument, while without it, many textural alterations, especially in their early stages, would escape observation altogether. It is invaluable to the practitioner, as indicating the diagnosis and treatment of renal and other diseases. Notwithstanding the objections, therefore, that have sometimes been urged against its employment, there can be no doubt that, in skilful hands, the microscope is an instrument of immense value—affording, as it

does, a vast amount of positive knowledge that can be obtained in no other way. It is gratifying to observe, in this connexion, an increasing desire on the part of the rising generation of medical men, to become familiar with the use of this instrument as a means of research. Within the past ten years, numerous excellent works have appeared, which describe the manner of its employment in medical and scientific investigation. It is within the same brief period also, that the Student has been able to obtain private instruction in microscopic anatomy and manipulation—instruction which now forms a prominent feature of private medical teaching.

In the prosecution of ordinary descriptive anatomy, there are three different methods of acquiring the desired information. The first employs simply a written description of the various organs; the second resorts to pictorial illustrations; and the third consists in the direct examination of the organs themselves by dissection. While it cannot be denied that the latter mode is absolutely necessary to the acquisition of accurate and practical knowledge, it is nevertheless true, that great assistance may be derived from the inspection of well executed drawings of the organs under examination. The same rule holds good in the study of general or microscopic anatomy. The student should neglect no opportunity of examining with the microscope the elementary structures themselves, and of making himself practically familiar with the manipulations necessary for their exhibition; but, since he does not always enjoy these opportunities, he will be able to gain a very fair acquaintance with the subject by the aid of plates accompanied with a written description, postponing until some future time the advantages of direct personal investigation.

The treatise of M. Morel is admirably adapted to the wants of the medical student. Omitting the discussion of doubtful and unsettled points as foreign to the purpose of his work, the author has succeeded in giving within the compass of about 200 pages, a succinct but comprehensive account of the principal facts in human microscopic anatomy. These facts are clearly, and for the most part correctly, stated; a few inaccuracies are noticeable, however, which may probably be attributed to the author's desire for brevity of expression. For example, at page 108, in describing the epithelial lining of the uriniferous tubes, it is remarked, that "fatty degeneration of these cells is the principal lesion of the urinary tubules in Bright's disease," whereas it is well known that fatty degeneration is characteristic of only one of the morbid conditions, and that not the one most frequently met with, to which this term is applied. Chapter vii., which treats of Glands, is one of the best in the book, and it is rendered still more useful and attractive by the labors of the Translator, who has given, at considerable length, the results of the investigations of Isaacs on the kidney, Walters on the lungs, and Beale on the liver. The plates, 28 in number, are original; they are admirable both in design and execution, and convey an accurate impression of what they are intended to represent. Prof. Van Buren deserves the thanks of the student for placing within his reach a work on histology which is not equalled by any other of similar size, and which is exceedingly well calculated to serve as an introduction to the more voluminous and elaborate treatises of Kölliker and others on the same subject.

## PHYSICIAN'S DIARY.

I. RECORDS OF DAILY PRACTICE: A Scientific Visiting List for Physicians and Surgeons. New York: Baillière Brothers.

At some period in his life every physician has to regret that he has not been more careful in preserving notes of his daily practice. However firmly impressed upon his memory are the leading features of his more interesting cases, he finds that the aggregate of his experience is but dimly and vaguely remembered. We urge young practitioners to commence with systematically recording their cases, important and unimportant; and to accomplish this with as little waste of time as possible, we recommend the work before us. It is not a regular visiting list, but a note-book of daily practice. It is so arranged that the practitioner can note down at the bed-side the various points of interest in each individual case, from day to day, and thus preserve for future reference every important fact.

II. THE PHYSICIAN'S VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS, for 1861. Philadelphia: Lindsay and Blakiston.

THIS is a physician's daily visiting list, and is arranged in convenient form for recording every visit, with memoranda of wants, obstetric and vaccination engagements, &c., &c., &c. It has long been in use, and has met with great favor with physicians.

III.—THE PHYSICIAN'S DIARY FOR 1861. Buffalo: Breed, Butler & Co. New York: S. S. & W. Wood.

THIS Diary has, in addition to the simple entry of visits, columns for briefly recording the case. The Obstetric Record, also, has columns for entering the more important features of each case. It concludes with divisions for entering the addresses of nurses, list of things loaned, and bills presented.

IV.—THE PHYSICIAN'S HAND-BOOK OF PRACTICE, for 1861. By WILLIAM ELMER, M.D. New York: W. A. Townsend & Co.

THIS is the most elaborately prepared diary which we have received, it being, in fact, what its name indicates, a hand-book of practice. The first portion of the work contains a carefully prepared classification of diseases, with their symptoms, and references to the various remedies employed. Following this is a list of remedial agents, with directions for their administration. The first portion of the work concludes with a list of poisons and their incompatibles. In addition to the practical features of this part already mentioned, we find also "The Ready Method of Marshall Hall" for recovering the drowned, with illustrative figures; a list of incompatibles; the manner of preparing the various medicated baths; rules for prescribing and extemporaneous prescriptions, etc. etc. This vast amount of practical matter, which comes within the scope of the physician's every day duties, is so condensed as scarcely to increase the bulk of the work. The diary of this work is on an entirely different plan from any other with which we are acquainted, affording facilities not only for recording daily visits, but also for noting the general symptoms in columns properly headed. The obstetric record, also, enables the practitioner to note, under proper heads, every fact of importance. We regard Dr. Elmer's work as a most valuable Hand-Book of Practice, especially to the country physician.



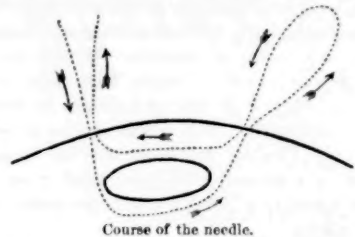
## Progress of Medical Science.

### PRACTICAL SURGERY.

*The Subcutaneous Application of the Metallic Ligature to the cure of Varicose Veins of the Leg.* By Dr. R. J. LEVIS (Medical and Surgical Reporter, November 17).—Dr. Levis thus describes his operation:—To perform the operation it is important that the veins be distended, so as well to determine their outlines and avoid any risk of wounding them. This may be accomplished by putting a band around the limb above the knee, while the patient is in the erect position; or this may be rendered unnecessary by performing the operation whilst the patient continues standing. If the latter position be chosen, the patient, in order to have the leg at a convenient height, stands on a chair or table which is placed by a wall, against which he steadies himself. The points chosen for ligature are, first, the trunk of the saphena, at the highest point where there is evidence that, owing to the abnormal dilatation, its valvular structure is imperfect; then the largest and most superficial veins, at places where they are most isolated; and, finally, those in the neighborhood of ulcers or eczematous eruptions of the integument. The only instruments and appliances essential are a long straight needle, some silver or iron wire, adhesive or isinglass plaster, and a roller bandage. The needle should be straight, and two and a half or three inches in length, and differing from the common surgical needle in having a sharp, round point, which *perforates without cutting*. In the absence of a needle properly adapted for carrying the wire ligature, an ordinary fine darning needle will be quite suitable. Experience has proved to me that a straight needle is much more manageable for directing the point accurately than the usual curved one, and the policy of avoiding the cutting or spear point, where, as in the varicose state, even the innumerable venous capillaries are often in a varicose condition, and which, when wounded, pour out blood profusely into the cellular tissue, is obvious. The wire had better be of a fine gauge, as number thirty, or finer. Pieces of adhesive, or isinglass plaster, the latter preferred, one or two inches square, are useful. The bandage may be six or eight yards in length, and two and a half inches wide. A wire-twister is a convenience but not an essential to the operation. The patient being in a proper position, the operation is commenced by feeling for the edge of the vein to be ligated, and entering the needle perpendicularly until a point beneath the under surface of the vein is reached. Then the shaft of the needle is depressed and its point pushed horizontally beneath the vein until it makes its exit through the integument on the opposite side of the vein. The exit is facilitated by pressing on the integument with the fingers of the left hand over the point of the needle. After the needle is withdrawn, leaving a wire beneath the vein, it is *reëntered at the same orifice*, but this time passes *above the vein*, traversing the space between the integument and the vein, and makes its exit *at the point of original entrance*. A slight pulling on the wire draws beneath the skin the loop of wire left on the opposite side of the vein, and all that is seen of the wire is its two ends projecting from the same orifice. Thus the vein is surrounded by a single wire. Proper care will avoid a risk of wounding the vein, but if there should be evidence that this has occurred, the needle ought to be at once withdrawn and another point for the operation selected. The accompanying outlines, to make the matter more explicit, illustrate the course of the needle and wire, and the manner in which the wire encircles the vein.

The wires are then pulled sufficiently tight to simply constrict the vein, approximate its sides, and stop the circulation through its calibre. The object, be it understood, is not to induce a rapid ulceration through the coats of the vein. In this, my own practice differs from the directions

generally given for the ligature of varicose veins, and on this peculiarity, perhaps, depends its apparently absolute



Course of the needle.

safety. It is true that to insure a perfect closure of a varix it is necessary that it should be actually divided, but this division is best accomplished slowly, and only after the slight pressure on its walls has excited within a plastic exu-



Wire surrounding the vein before being tightened.

dation which agglutinates them. Exposure of an opened vein to a pyogenic surface is in this way with certainty avoided. The pressure made on the vein by pulling the ends of the wire is secured by twisting them. This may be done by means of the fingers, forceps, or the wire twister. A simple form of the latter instrument, which I prefer, being easily placed on the wires without threading through holes, as in the form of instrument generally used, is herewith represented.



Wire Twister.

The wire is finally cut off, leaving an inch or more, which is laid flat upon the skin; the place of operation is covered with a small piece of adhesive or isinglass plaster, and a roller bandage envelopes the limb up to the knee. If an ulcer exists on the limb, it is to be simply covered, previously to the application of the bandage, with several thicknesses of dry lint. The patient rests horizontally, without disturbance of the dressing, for ten or twelve days. After this time all dressing is removed, and traction is daily made on the wires to accelerate their removal. But little more confinement of the patient is usually requisite. Decided relief from swelling of the varices is experienced, and he is frequently able to walk about with comfort long before the wires are removed. In one of my cases, a laborer had two wires remain in his leg for eight weeks, during the latter part of which time he continued his occupation with but little inconvenience; in another case the ligatures, six in number, were all spontaneously removed on the fourteenth day. On removal of the bandage on the leg, the ulcer, if dependent on the varicose condition, usually seems to be really *dried up*, and cicatrization rapidly follows.

**CHLOROFORM ASPHYXIA.**—Mr. Fowler, of Southampton, recommends vigorously slapping with the flat hand the naked surface of the body and limbs, and flapping the face and front of the chest with the corner of a wet towel, which induces a deep inspiration.

## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, OCT. 24, 1860.

E. KRACKOWIZER, M.D., President, in the Chair.

#### POLYPUS UTERI—OPERATION—MISCARRIAGE.

Dr. CONANT presented a specimen of uterine polypus which he had removed from a pregnant female on the 9th of October last. The tumor was attached to the body of the uterus at the junction of its neck. The patient, about four or five months ago, became unwell, as she supposed, in the usual way, but the hemorrhage did not entirely cease up to the time she presented herself to Dr. C. On examination he found a red tumor presenting itself through the os, and advised its removal. The operation was performed the following day by Maisonneuve's instrument. During the day after the operation she suffered very little from hemorrhage, and remarked that she felt easier than she had done for nine months before. On the third day she was up and about the house, when she began to complain of pain in the region of the uterus, which condition of things continued three days, when he was called in haste to see her. Small doses of morphia were given repeatedly, and the pain ceased in the course of the next three hours. After being entirely free from suffering for a day or two the pains came on again and she miscarried before assistance could reach her. About three or four days after the miscarriage a thick membrane of organized plasma was discharged, apparently large enough to cover the whole internal surface of the uterine cavity.

#### EXTIRPATION OF THE EYE FOR STAPHYLOMA OF THE CORNEA.

Dr. NOYES exhibited an eye extirpated four days before. It had staphyloma of the cornea, the consequence of purulent ophthalmia in infancy. The patient was eighteen years old, and the staphylomatous eye had begun to give trouble to the sound one. The extirpation was done by the method of enucleating the globe from the tunica vaginalis oculi, so as to leave the muscles of their full length within the orbit. The parts especially exhibited in the specimen were the choroid coat and the optic nerve. The former, by long continued chronic congestion, had become much atrophied. This was seen in the pigment, which over all its extent was very thin, and at the posterior hole of the eye was so much removed as to show the sclerotic shining through over a large patch. The vessels of the chorois capillaris could be distinctly seen as pale curved lines running through the pigment. The absorption of pigment in this case was extreme, and resembled that found by the ophthalmoscope in many cases of enfeebled sight. Where the pigment of the hexagonal cells was partly absorbed, the pale pink lines of the vasa vorticosa came into view. The optic nerve was deeply depressed. This excavation was the result of the same internal pressure which made the cornea bulge forwards. The depression was precisely that seen in advanced glaucoma, having steep perpendicular sides and sharply defined. In this respect the optic excavation differed from that caused by atrophy of the nerve, the latter being shallow like a saucer. The other changes of the eye, the opaque cornea, adherent iris, occluded pupil, and fluid vitreous humor, were those ordinarily seen. The lens was entirely transparent.

Dr. WOOD remarked that the operation for extirpation of the eye used to be a very rare one, but with the new method by a multiplication of the operation for strabismus it became a very simple affair. He remarked that he had performed the operation repeatedly, and that it had always been satisfactory; a beautiful stump was left for the artificial eye; the patient was relieved from any inflammation in a stump

formed by part of the eye itself as in the old operation, and the establishment of any sympathetic action in the well eye was prevented.

Dr. NOYES remarked that in the New York Eye Infirmary there had never been known any case in which serious consequences followed the new operation for extirpation; the wound generally healed in ten days, and within a fortnight the patient was ready for the artificial eye.

Dr. MARKOE asked if the stump left after the new operation was as good as that after the old operation.

Dr. NOYES replied that it appeared to move as well, but the artificial eye seemed to be more sunken.

Dr. MARKOE thought that that was an objection to the operation.

Dr. WOOD maintained that in the majority of cases where extirpation was performed, it was for the purpose of affording relief to the opposite eye. The cases that had been operated upon at Bellevue were for that purpose.

#### HYPERTROPHY OF LEFT VENTRICLE—SUDDEN DEATH.

Dr. FINNELL presented, on behalf of Dr. Gallagher, a heart taken from a woman thirty-five years of age, who dropped dead in the street. On examination after death, the organ was found to be much enlarged, the diseased action being confined almost entirely to the left ventricle. There was also atheromatous deposit in the aorta, most abundant just above the aortic valves. There were no evidences of rupture of the coats of the artery.

Dr. CLARK asked Dr. Finnell what had been his observation in regard to the kind of lesion that terminated in sudden death. In this case, said Dr. Clark, the remarkable difference between the right and left ventricle is one of the most striking features of the disease; it would seem that the capacity of the left ventricle must have been equal to four or five times that of the right. As regards the character of lesions that produce this sudden death, my own observation has not extended beyond the fact that, as a rule, it does not occur in simple hypertrophy, but that there must be valvular disease present. I raise this point for the purpose more particularly of directing attention to this matter. It is a point worthy of particular inquiry, inasmuch as every physician who sees a case of disease of the heart is called upon to answer the question whether or not his patient will die suddenly. My own observation only enables me to say to men who have hypertrophy alone, that they are not going to die suddenly; if we can extend our information so as to designate which particular valvular lesion is liable to be followed by sudden death, a great advance will be made.

Dr. FINNELL did not recollect a case of sudden death which had occurred in consequence of simple hypertrophy. He had made up his mind that such a termination of life was due almost always to the presence of aneurismal dilatation of the aorta above the valves.

Dr. KRACKOWIZER asked whether more cases of sudden death occurred from disease of the bicuspid than from the aortic valves.

Dr. FINNELL's attention had never been directed to that point.

Dr. FINNELL presented a second specimen consisting of the lungs and heart of an infant. It was ailing for two weeks before its death with erysipelas of the leg, from which disease it apparently died. At the post-mortem examination, a small portion of the lower lobe was in a state of atelectasis. The foramen ovale was sufficiently large to allow the passage through it of a number four catheter.

#### RESECTION OF ELBOW.

Dr. FINNELL exhibited an arm removed from the body of Mary Lilly, who died suddenly from intemperance. He merely presented the specimen for the purpose of showing the condition of things after resection of the elbow-joint. The joint being laid open, the two condyles of the humerus were found wanting. The lower end of the humerus and

the articular surfaces of the radius and ulna were separated about an inch from each other. The radius and ulna were ankylosed, and the greater sigmoid cavity was almost entirely obliterated. The lower end of the humerus had not made a false joint for itself, but was sharp and abrupt. There were no evidences of any attempt to form new bone, and the whole presented very much the appearance of a recent compound fracture. No fistulous opening existed at the time of death.

Dr. Jones remarked, that the patient entered Bellevue hospital about nine years ago, during his term of service as house-surgeon to that institution. The operation had been performed by Dr. J. O. Stone for fracture at the elbow-joint, the two condyles of the humerus having been removed. He also stated, that Dr. Stone brought the case to the notice of the Academy of Medicine as an instance of the good effect of conservative surgery.

Dr. Wood stated, that he recollected the various circumstances attending the operation. The wound united speedily, and the patient was enabled to use her arm in due time, the only motion that she was deprived of being that of pronation and supination, which was occasioned by ankylosis between the radius and ulna. We find here, then, continued he, that the end of the humerus is absorbed as in cases of ununited fracture, the tissues in the neighborhood are consolidated, and a bursa is formed at the severed portion. The semilunar cavity of the olecranon has lost its characteristic appearance, and the head of the radius is here represented with a bursa over it. I am not sure but that at times the lower end of the humerus was not in contact with the upper head of the radius. Taking the case altogether, it is a unique and very interesting one, and I have no doubt but that Dr. Stone will be pleased to hear of the final result of it.

#### CHRONIC INFLAMMATION OF UTERUS AND FALLOPIAN TUBES; CYSTIC DEGENERATION OF OVARIES.

Dr. SANDS exhibited a uterus taken from the body of a prostitute, 37 years of age, who died of apoplexy. The specimen exhibited very well the effects of chronic inflammation upon the organ; its walls were exceedingly thick; the canal of the cervix and cavity of the body of the organ were both increased; the thickness of the mucous membrane was also very considerable. The whole organ was increased to several times its natural bulk. Adhesions existed between the Fallopian tubes and posterior surface of the uterus; on the left side the fimbriated extremity could be seen, which, however, was not the case upon the opposite side. One of the Graafian vesicles of the left ovary contained clotted blood, but the organ upon the opposite side was the seat of commencing cystic degeneration. In conclusion, Dr. Sands alluded to the fact, that adhesions of the Fallopian tubes and their appendages were more commonly met with in prostitutes than in any other class of females, and asked for an explanation as to the cause.

## Correspondence.

### SILVER SUTURE.—CHLORATE OF POTASH IN PHTHISIS.—VARICOSE VEINS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I desire in the informal manner of a letter to give my experience in this Institution in the employment of certain remedies, in regard to the utility of which the profession is not settled.

1. *Silver Suture.*—In the use of the silver suture, for the introduction of which we are indebted to our talented and accomplished friend, Dr. Sims, I have had considerable

experience. For three years past I have used nothing else in operations of every kind where sutures have been required. In all amputations, from that of the thigh to the fingers, I have almost invariably employed the silver suture alone. Its advantages are manifold and palpable; indeed, I can heartily subscribe to all that an enthusiastic friend has said of them, so far as my experience will warrant me in saying anything at all. My custom is, in large amputations, to put in so many of them as perfectly to coaptate the flaps, and to leave them in as long as they subserve any useful purpose. They may be allowed to remain for an indefinite period without the risk of exciting undue inflammation or even irritation. I have often left them in until after the stump had healed entirely, without occasioning inconvenience of any kind. They always hold the parts in more perfect apposition than silk can do, for the reason that they do not appear to cause any suppuration at all.

2. *Chlorate of Potash in Phthisis.*—My experiments in the use of the chlorate of potash in phthisis, as employed by Dr. Fountain, of Iowa, have not yet been of sufficient duration to warrant me in speaking of it with very great confidence; but I am encouraged to persevere in the use of it more and more daily. One patient in the advanced stage of the disease in question has been using it in  $\frac{1}{2}$  oz. doses daily for eight days. Before commencing this treatment his breathing was difficult, and hurried upon the slightest exertion; his lips were livid, and extremities cold. He was able to get but little sleep, owing to an almost constant cough; and his appetite, never good, was sometimes so poor that he could take no nourishment at all for an entire day. His general appearance now strongly confirms the testimony which he gives, that he sleeps nearly all night undisturbed. The pain and constriction of the chest are much relieved, and expectoration, formerly quite profuse, has ceased almost entirely. His condition in every respect is materially improved. Two other patients, also in advanced phthisis, have been using the article but three or four days. One of them speaks confidently of decided improvement, and says that he breathes freer, and sleeps and eats better. None of them complain, as yet, of any inconvenience whatever from the use of it. I hope to be able to test the efficacy of this article in the incipient stage of the terrible scourge in question, which swells our mortality list to nearly one-half, and everywhere is proverbially destructive among the men of the sea.

3. *Persulphate of Iron in the Treatment of Varicose Veins.*—The following case may not be uninteresting, as it bears testimony to the excellence of an operation for the obliteration of varicose veins of the lower extremities, which was performed by my friend and collaborer, the late Dr. Isaacs, of Brooklyn. The subject of this operation is a sailor, forty-five years of age, of rather impaired constitution, who had followed the sea for thirty-four years. He came under our care for the treatment of a very unhealthy looking ulcer, of long standing, upon the lower third of the tibial side of the left leg. All the superficial veins of the leg were very much enlarged and tortuous, especially in the popliteal region; one very prominent coil lying over the outer hamstring tendons was of enormous calibre. Placing a tourniquet upon this above, and making pressure below so as to isolate about two inches of the vein, I threw into it eight drops of the persulphuret of iron diluted with as much water. (Squibb.) The instrument used was the syringe commonly employed for injecting morphia into the cellular tissue. After a few minutes the pressure was removed, and a hard plug remained; the blood coagulated almost instantly. The inflammation which followed was not immoderate. Cooling anodyne lotions were applied, and subsequently lead poultices. A very slight amount of suppuration resulted, and the wound healed up kindly. The ulcer closed rapidly, and in just three weeks the limb was perfectly cured. Not a trace of the enormous veins of the leg is now visible. There can be but little doubt, I think, that this is the simplest, safest, and by far the easiest method of dealing with these troublesome difficulties. Having a case



of varicocele in the house shortly after this operation, I determined to try the same experiment upon the enlarged veins of the scrotum. In this case but four drops of the iron were used. Instant coagulation ensued. The whole mass of veins became involved in the tumor which formed of about the size of an egg, and for some days he suffered somewhat from pain shooting up along the cord. The inflammation gradually subsided; the tumor dwindled in size and gave him no longer any pain. The hardness has now almost disappeared, and the peculiar worm-like feel of the part, invariable in all these cases, is no longer perceptible.

T. C. MOFFATT, M.D.

SEAMAN'S RETREAT, Staten Island, Nov. 24, 1866.

## FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.

EDINBURGH.

October 26.

Nov. 6.—Prof. Bennett commenced his Winter course of clinical medicine to-day by delivering a terse and epigrammatic lecture upon diagnosis. Having attended closely to his instructions in the wards for the last month, and having greatly profited thereby, I can testify to the excellence of his clinical instruction. Every facility is afforded to the student to enable him to learn thoroughly the normal and abnormal sounds of the heart and lungs by auscultation and percussion, for which the large wards of the Royal Infirmary furnish ample opportunity. The previous history of every case is carefully gone into, and every endeavor made to place prominently before the class every symptom and characteristic of every case at each visit. It may be well for me to state that, in my reports from time to time of what I see in medicine and surgery, while abroad, I shall not give prominence to strange and wonderful cases, but shall endeavor to give as plain an account as possible of the ordinary everyday practice—conduct—in medicine and surgery, of those men whose names are familiar to us all as household words. I shall use as few words as possible, and indulge in no lengthy descriptions.

Nov. 7.—This evening, by invitation of Dr. Brodie, I attended a meeting of the Medico-Chirurgical Society. Mr. Edwards showed an amputated arm, the elbow-joint of which had been excised some time before. Although carious disease had returned after the excision, and necessitated removal of the arm, there was very plainly to be seen great progress towards the formation of new condyles, etc., etc. The joints formed after excision of the elbow here are wonderfully perfect, as evinced by the almost unimpaired freedom of motion. The great rule to be followed, so as to obtain this result, is to remove quite a large amount of bone. Dr. Handyside read the report of a case where he had amputated the thigh of a lad, about 16 years old, just below the trochanters, for spreading traumatic gangrene resulting from compound fracture of leg and laceration of tissues in the ham. Acupressure needles were used instead of ligatures upon the arteries with perfect success. The operation was performed when the lad was in a very desperate condition. The refusal of the parents to allow the operation caused it to be postponed until gangrene had nearly reached the body, and the glands in the groin were greatly swollen. Three ounces of blood only were lost in the operation, four acupressure needles were used, and, according to the operator, were applied with much greater ease and celerity than is usual with ligatures. The one on the minor artery was removed at the end of fifty-one hours, the others earlier. There was no hemorrhage, and no suppuration in the track of the needles. Convalescence was retarded only by the occurrence of suppuration in the glands in the groin, which discharged pus for two or three days. In reply to Prof. Miller, Dr. Handyside said that the arteries, at the time of the operation, *spouted* with the usual vivacity. The case was extremely well reported by Dr. Handyside—who, it

will be remembered, amputated at the hip some time since successfully—and gave rise to much discussion as to the amount of credit to be given to the needles. Prof. Miller, while acknowledging the rare success of the operation, doubted whether the needles were to be praised for the result. He did not agree with those who apprehended trouble from the pressure of the ligatures in a corner of the wound; but even thought that they served a useful purpose by draining off the pus and causing the wound to heal from the bottom. He thought that the great preventive of union by first intention was not the ligatures but blood between the cut surfaces. He thought surgeons had advanced backwards since Liston's time, in giving up his plan of placing wet lint between the flaps and waiting an hour or two, or until all oozing had ceased, and the cut surface was glazed over with liquor sanguinis, before closing the wound. Several spoke in favor of the needles, and also some against them, arguing that the pressure antagonizing the pressure on the artery must prove hurtful. A good deal of personal feeling got mixed up with the scientific question, showing at least that the needles prick and cause some mental if not corporeal irritation. It seemed to be agreed that they were competent to control large arteries, but that the assumption that they produced less irritation than ligatures was *not proven*, and required careful and *unprejudiced* trial in a variety of cases.

Nov. 8.—To-day Mr. Syme showed a case of morbus coxarius occurring in a man 23 years of age. It had been going on for about one year, and the thigh was rigidly flexed upon the abdomen. Mr. S. remarked that the exact pathological state of the parts concerned in this disease had not yet been determined, and that he thought the opinion of Sir B. Brodie, that the disease began in ulceration of the cartilages, was incorrect. He himself thought the disease began in the bones. He discarded setons and issues, and trusted to perfect rest to obtain a cure. In order to obtain that perfect rest the long thigh splint was used. The man being placed under the influence of chloroform, the limb was straightened and the splint applied, and fastened to the limb by a broad cloth wrapped around both.

A case of *fistula in ano* operated upon to-day deserves notice on account of the peculiar attitude in which Mr. Syme places one for the operation, which is on the back with the legs raised high in air. A case of hydrocele of the neck was shown, and injected with iodine, which was left in.

The cases in the medical wards under care of Prof. Bennett are many and various, but for many reasons difficult to give a report of in short communications. A diuretic much used by Prof. B. is *℞. Ammoniae acetat. 3iij.; spirit. æther. nitrici f3 iij.; aq. ad uncias sex. M.* One tablespoonful every four hours.

A case of itch furnished opportunity for remarking that all ointments, even sulphur ointment, used for the cure of this disease owe their efficacy to the lard entirely. In fact, the case which has been treated for seven days with inunction of mere simple cerate is now well. Heart diseases and phthisis are very common here; so that a very excellent opportunity is offered to any student to become familiar with every variety of these diseases. For example, one evening I visit the Infirmary for the purpose of studying heart disease, and am enabled to auscultate twenty or thirty cases, at my leisure, with the house physician, hearing the remarks of the Prof. on the same cases the day after. Again, the multitude of cases of phthisis furnish unlimited opportunities for the study of all phenomena connected with morbid states of the lungs. I spend most of my evenings in the Infirmary examining the infinite variety of diseases there present. Every noon from twelve to two the wards are visited by the Professor, and case after case rigidly examined, each member of the advanced class acting in turn as examiner. Typhus fever has been quite prevalent here of late, characterized by great prostration, delirium, and a mulberry rash, or measly eruption. It is treated by careful and systematic nourishment, carbonate of ammonia, wine, and brandy.

## Medical News.

### PERSONAL.

DR. GLOVER PERIN, Assistant Surgeon U. S. A., is in Cincinnati, on a four months leave of absence; his station for six years has been Fort Craig, New Mexico.—Prof. WEBER gave the introductory lecture to the Cleveland Medical College, Nov. 7, on "The Importance of the Physical Education of Infants."—Dr. J. H. BUTLER, Resident Physician of the Baltimore Infirmary, has been appointed Demonstrator of Anatomy in the University of Maryland.—Prof. DUNGLISON is stated to have just published a dictionary for the blind, arranged with raised letters.—Dr. BATCHELOR's method of treating in-growing toe nail is highly spoken of by Dr. J. R. Black, of Ohio, in the Cincinnati *Lancet and Observer*.—Dr. W. E. ARNOLD states that Dr. Walton, of Ohio, originated the treatment of congestive chills by chloroform.—Prof. EVE reports a successful case of staphylococci with the cannulated needle.—Prof. BLACKMAN has lost a patient by the admission of air into the veins during an operation.

DR. SIMPSON.—It is stated on good authority that the visit of the Empress of the French to Scotland, is for the purpose of consulting Dr. Simpson.

**PATHOLOGICAL SOCIETY.**—At the last meeting of the Pathological Society (Dec. 12), the following specimens were presented:—Fibrous degeneration of the spleen; and granular kidney, by Prof. Clark; malignant tumor of the breast, by Prof. Parker; Fracture of the anatomical neck and tubercles of the os brachii, by Dr. Buck; Excised olecranon, by Dr. Hutchison.

**SURGERY AMONG THE MORMONS.**—The Morimon theology contemplates the cure of diseases by miraculous interposition; hence, the disciples of the healing art are not held in much estimation. The church authorities are exceedingly jealous at an attempt to cure by ordinary therapeutics, and denounce from the pulpit any invasion of their special province. Though they claim for the "laying on of hands" (cheirapsia) wonderful efficacy, the number of deformities, the result of malpractice, to be seen in any of the populous towns, rather indicates a necessity for the use of carnal means. The art of surgery is at a low ebb.—*Assist. Surg. Bartholomew, Army Reports.*

**UNIVERSALITY OF SCROFULA.**—Dr. Gregory of Edinburgh has asserted as his belief that not a single family in Great Britain was exempt from scrofulous taint.

THE NEW YORK SANITARY ASSOCIATION held its Second Annual Meeting on the 6th inst. Gen. F. E. Mather was elected President; Robert H. McCleary, Esq., and Dr. A. C. Post, Vice Presidents; Dr. Elisha Harris, Corresponding Secretary; Dr. Wm. R. Donaghe, Recording Secretary; Nathaniel Hayden, Treasurer; W. B. Roberts, Librarian; Elected Members of Council, Messrs. Peter Cooper, H. T. Cleveland, E. L. Vick, and P. M. Wetmore, and Drs. Isaac Wood, G. H. Griscom, J. Frankel, and Stephen Smith. The Annual Report of the Association gives a summary of the proceedings during the year, and lucidly presents the objects of the Association, and the importance of sanitary inquiries and hygienic improvements. It is proposed by this working organization, that in connexion with its other labors a system of practical instruction and advice upon the applications of the principles of hygiene in the affairs of daily life shall be carried to the homes of the ignorant and the poor, by means of plainly prepared tracts and cards of special rules and instruction relating to diet, nutrition, personal habits, and health. With its nearly three hundred members, this Association should exert a decided influence and accomplish great good.

### COMMUNICATIONS have been received from:—

Dr. H. N. EASTMAN, N. Y.; Dr. J. W. LAWTON, Conn.; Dr. J. TELFORD, N. Y.; Dr. J. C. REEVE, O.; Dr. B. W. CARPENTER, Vt.; Dr. S. CLARK, Ill.; Dr. H. P. HALL, Vt.; Dr. T. E. RANDOLPH, Miss.; Dr. C. D. BUDD, N. Y.; Dr. L. C. MCCONNELL, O.; Dr. E. S. BLISS, N. Y.; Dr. J. McCANAGHEY, Pa.; Dr. S. T. BROOKS, C. E.; Dr. J. F. CUTTER, Ill.; Dr. G. W. GILDEA, O.; Dr. R. M. PECK, Conn.; Dr. G. W. JONES, C. W.; Dr. D. R. MARTIN, Iowa; Dr. A. R. NEUSOM, Miss.; Dr. W. WOODWARD, N. Y.; Dr. D. A. McLANE, O.; Dr. T. ARNER, N. Y.; Dr. S. J. SAWYER, Wisc.; STACY HEMENWAY, Ill.; Dr. W. H. BOONE, N. Y.; Dr. J. E. REEVES, Va.; Dr. Wm. M. THOMSON, N. Y.; Dr. J. L. SMITH.

### METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 1st day of December to the 5th day of December, 1860.

**Deaths.**—Men, 81; women, 81; boys, 82; girls, 94—total, 338. Adults, 162; children, 176; males, 163; females, 175; colored, 1. Infants under two years of age, 104. Among the causes of death we notice:—Infantile convulsions, 18; croup, 8; diphtheria, 7; scarlet fever, 20; typhus and typhoid fevers, 6; consumption, 46; small-pox, 6; dropsy of head, 11; infantile marasmus, 14; inflammation of brain, 10; of lungs, 32; bronchitis, 8; congestion of brain, 7; of lungs, 5; hooping cough, 1; measles, 1.

Dec.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb, Therm.		General direction of Wind.	Mean amount of cloud.	Fath.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°			
1st	29.84	.11	34	30	40	5	8	N.E.	5	
2d	29.51	.21	32	23	35	4	6	N.W.	2	
3d	29.77	.21	33	19	40	5	8	N.W.	3	
4th	29.64	.34	32	28	35	3	5	N.E.	10	.6
5th	29.54	.11	31	23	34	8	5	W.	1	
6th	29.71	.17	30	25	36	4	5	S.W.	4	
7th	29.84	.21	34	28	40	5	8	SW.	5	

REMARKS.—1st, Light snow, and blowy P.M.; 2d, wind fresh A.M., with a few clouds; 3d, cloudy P.M.; 4th, snow all day; 6th, cloudy P.M.; 7th, cloudy A.M.

### MEDICAL DIARY OF THE WEEK.

Monday, Dec. 17.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Dec. 18.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, Operations, 12 M.
Wednesday, Dec. 19.	{ NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, half-past 1 P.M. N. Y. ACADEMY OF MEDICINE, half-past 7 P.M.
Thursday, Dec. 20.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Friday, Dec. 21.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Church 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Dec. 22.	{ BELLEVUE HOSP., Dr. Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.

### SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Dec. 15, Dr. JAMES R. WOOD will continue his course of lectures on operative surgery.

BELLEVUE HOSPITAL.—On Wednesday, Dec. 19, Dr. LEWIS A. SAYRE will deliver a clinical lecture on morbus coxarius, and divide the contracted muscles.

THE NEW YORK SANITARY ASSOCIATION.—There will be a special meeting of this association on Thursday evening, the 20th inst., at which a report will be read on woman's influence, interest, and agency in promoting sanitary improvements. Addresses will also be made by distinguished speakers.

THE SURGICAL SECTION OF THE ACADEMY OF MEDICINE will meet as usual at the house of Dr. JAMES R. WOOD, on Thursday, Dec. 21, at 8 P.M.; subject for discussion, OPERATION UPON JOINTS.

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REFERENCES—George W. Norris, M.D., and E. Hartshorne, M.D., Surgeons to the Pennsylvania Hospital. Henry H. Smith, M.D., Prof. of Surgery, University of Pennsylvania. H. L. Hodge, M.D., Prof. of Obstetrics, University of Pennsylvania. Samuel D. Gross, M.D., Prof. of Surgery, Jefferson Medical College. Joseph Panoceast, M.D., Prof. of Anatomy, Jefferson Medical College. S. Little, M.D., and A. Hewson, M.D., Surgeons Will's Hospital. D. Hayes Agnew, M.D., and E. J. Lewis, M.D., Surgeons to Philadelphia Hospital. Isaac Hays, M.D.; P. B. Goddard, M.D.

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## Species not Transmutable, nor the

result of Secondary Causes: being a Critical Examination of Mr. Darwin's work entitled "Origin and Variation of Species," by C. E. Bree. 12mo. London, 1860. \$1 00.

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The Course preliminary to the Session of 1861 will begin on the 18th of February, and the *Regular Lectures* on the 18th of March, to continue till the middle of July.

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### PROFESSORS.

AUSTIN FLINT, M.D., Practical Medicine and Pathology.  
FRANK H. HAMILTON, M.D., Principles and Practice of Surgery  
JAMES D. TRASK, M.D., Obstetrics and Diseases of Women and Children  
R. ODEN BOEREMAN, M.D., Chemistry and Toxicology.  
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